Exploring the Concept of Clinical Instructors' Credibility from the "Triad of Perceptions" of Nurse Lecturers, Clinical Instructors and Students at Hawler Medical University

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DEDICATION

First and foremost, I would like to thank and praise **Almighty Allah**, for giving me the power and knowledge to accomplish this work and surrounding me with people who could help.

This work is dedicated to my wonderful **mother** for her constant love, generosity and support. I am thankful to her for being a backbone to me always and suffering a lot in my absence throughout the study period. I also dedicate this work to my **father** who has always encouraged me and inspired me to believe in myself.

This work is dedicated to a strong and loving woman who helped and taught me to see beauty in everything my **Grandmother**, who had been like a second mother.

I also lovingly dedicate this thesis with my heartfelt thanks to my lovely husband; **Yadgar**, his remarkable patience and unwavering love and continual support of my academic endeavours. I met him halfway through my study. He is my rock; my best friend; and he is a wonderful husband and father. Without his willingness to be our children's primary caregiver, this dissertation would have taken even longer to complete; I am so blessed to have him in my life.

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Glossary of Terms

Nursing Education

Is a process that focusses on the theoretical and practical training for student nurses in order to prepare them for their duties as nursing care professionals. The professional development of the nursing profession requires a clear and well-defined nurse role. Generally, this education is provided by qualified nurses and other medical professionals who have educational experiences.

Source Credibility

Message source's power of believability as perceived by the message receiver (Hovland, Janis and Kelly, 1953).

Clinical Instructor

The two terms "clinical instructor" and "clinical teacher" are often used interchangeably by authors in the literature (Mlek, 2011 and Kube, 2010). A clinical instructor can be defined as the one who teaches clinical nursing in a practical setting (Ioannides, 1999). Additionally, according to Melincavage (2008), a nursing clinical instructor is a university degree graduate who at least holds a master's degree in nursing science and in extremely rare cases has attained a doctoral degree. Okoronkwo et al. (2013) described a nurse clinical instructor as requiring the ability to apply multiple types of

knowledge in order to improve students' learning. In the United Kingdom, a clinical nurse educator must hold an active licence as a registered nurse (RN) registered with the Nursing and Midwifery Council and have at least two years of clinical experience and hold a Baccalaureate in nursing science as a very minimum qualification (Boyd and Lawley., 2009). Similarly, in the USA the degree requirement for the clinical educator varies from state to state but the minimum requirement is a university degree and they should be registered as a licensed practical nurse (LPN). They may also have a valuable clinical specialty background blended with coursework in education (Poindexter, 2008; AACN, 2004). However, in Kurdish context the clinical instructors are university graduates with a minimum of one year clinical experience; they do not need to be registered nurses as to date there is no system of licensure or credentialing within the nursing and midwifery council in the region for registered nurse examination. For the purpose of this study, the term clinical instructor is referred to as a graduate nurse whose minimal education degree is a Bachelor of Science in nursing with a minimum one-year of clinical nursing experience working with patients in a clinical healthcare setting. Furthermore, clinical instructors at HMU do not need to complete a nurse educator training program.

Lecturer

Nurse lecturers are qualified nurses employed by higher education institutions for the purpose of classroom teaching (Staykova, 2012 and Pollard et al., 2007). They also play a significant role in planning, developing and evaluating, undergraduate and

postgraduate, course modules. Many lecturers are not members of the health care institutions staff, but they have a clinical supervision role, helping students to develop their clinical skills via simulation inside the university campus (Pollard et al., 2007). In the literature, the terms nurse lecturer, nurse teacher and nurse educator are used interchangeably (Boyd and Lawley 2009; Caspersen, 2013). In Iraqi Kurdistan, nurse lecturers are those who at least hold a PhD degree with a position at a university or similar institution, and are often academics at an early career stage who teach and conduct research but are not involved in practice. Throughout this research study, the term nurse lecturer is used to refer to a person who is directing theoretical teaching in undergraduate and /or postgraduate nursing programs. Nurse lecturers in this study have obtained a doctoral degree in nursing as a minimum qualification.

Nurse Students

Pre-registered nurse students are those who attend a three or four year long (BSN Degree or RN) integrated nursing program at higher education institutions in order to become registered nurses. Upon completion of their education, they will acquire theoretical and practical knowledge and skills at a nursing college, a hospital and/or in the community and in health clinics (Mochaki, 2009). For the purpose of this research study, the student nurses were enrolled onto a baccalaureate program of nursing education at HMU. They will be awarded a Bachelor of Science degree in nursing upon completion of their education.

Academic Work During the Study Period

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Posters:

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Rasul, S. R. (2015) Nurse educators' perspective of clinical instructor's credibility in 27th -29th July 2015, at 3rd Euro nursing & Medicare Summit, Valencia Spain.

ABSTRACT

Lately, there has been increasing attention in the research studies about clinical instructors' role, such as clinical instructors' effectiveness, but not competence and credibility. Source Credibility Theory (Hovland, Janis, and Kelley, 1953) suggests that teachers' power of persuasion, and consequently, effectiveness is amplified when students view them as credible. The literature on clinical instructors' effectiveness is bereft of studies on clinical instructors' credibility. This is particularly surprising considering that clinical instructors play an important role for professional nursing education (Tanda and Denham, 2009).

Through a social constructivist lens, this thesis seeks to address the gap in current knowledge, providing a detailed understanding of the concept of clinical credibility by exploring the "perception between students, clinical instructors and lecturers. This is referred to as the triad of perception. Thirty-one participants (10 lecturers, 11 clinical instructors and 10 students) were selected from Hawler Medical University to take part in this qualitative study that apply phenomenological constructivist principles.

Data were analysed inductively using template analysis (King, 2004) to identify commonalities and themes. The findings revealed that clinical instructors should possess specific "personal qualities", "clinical teaching qualities" and "nursing competence" to make them credible clinical instructors. More importantly, findings indicated that there was a meaningful difference in priority and emphasis on sun-themes; therefore, these results provide strong evidence that certain readily identified dimensions are most important for all the triad groups. The adoption of a

social constructivist approach allowed this thesis to achieve evidence via examining multiple realities among social actors that provide a more holistic picture for the concept.

Exploring the 'clinical credibility' concept in this way not only provided opportunities for future research and practice but also contributed to the development of overall knowledge. triad's valuable insight about clinical instructors' credibility have implications for both in-service clinical instructors and programs leaders concerned with teacher effectiveness, and subsequently, student learning. Finally, this thesis contributes to the development of social constructivist research in the fields of nurse education, by providing an example of how a triad of perceptions can be integrated to investigate a research question.

List of Abbreviations

Abbreviation	Explanation
CASP	Critical Appraisal Skills Program
CINAHL	cumulative Index to Nursing and Allied Health Literature
DMU	De Montfort University
EBSCO	Elton B. Stephens Co.
ERIC	Education Resources Information Centre
HMU	Hawler Medical University
MHESR	Ministry of Higher Education and Scientific Research
MOE	Ministry of Education
MOH	Ministry of Health
NMC	Nursing and Midwifery Council
PIS	Participant Information Sheet
PUBMED	Public MEDLINE database
QUAL	Qualitative
SCT	Source credibility theory
SD	Standard Deviation
UK	United Kingdom
UKCC	United Kingdom Central Council for Nursing, Midwifery and Health Visiting
US	United States
WHO	World Health Organisation

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Chapter One: Introduction

1.1. Introduction to the chapter

This chapter offers the background and context for the development of the research questions. This study provides the exploration of the clinical instructors' credibility concept from the perspectives of students, clinical instructors and lecturers. Traditionally, research in this field has explored a single perspective however success in this study is exploring new perspectives by examining the triad of perceptions.

Study Title: Exploring the concept of clinical instructor's credibility from the "triad of perceptions" of nurse lecturers, clinical instructors and students at Hawler Medical University.

1.2. Background and context of the study

Generally, the nurse education program in Iraqi Kurdistan and at Hawler Medical University (HMU), has initially been adopted from the US nursing education system. Like with any other university in the world, several nursing programmes are delivered by HMU. The initial preparation of nurses at Hawler Medical University is delivered by a bachelor's degree provision. This programme offers a four-year baccalaureate in nursing, which is accredited by the Ministry of Higher Education and Scientific Research/Kurdistan Regional Government. The learning environment for students

engaged in the baccalaureate programme is shared between the classroom, hospital, community and other educational settings. Student nurses start their clinical placement from the second year and this continues alongside the theoretical courses till the end of the fourth year.

The first year is consisted of courses in natural sciences, social sciences and humanities, these courses are taught by non-nurse professionals. The final three years concentrate on nursing courses such as paediatric nursing, maternity, psychiatric and community nursing and onsite clinical teaching in hospitals, clinics and outpatient settings. The aim of nursing Universities is to prepare graduates that can practice in various health care settings such as critical care, public health, primary care and mental health. This is important, since the focus of health care is shifting more from the hospital to primary and preventive care in community centres (Linsley et al., 2008). Besides providing broader job opportunities, the degree also serves as a prerequisite for post qualifying nurse education and further employment opportunities (Råholm et al., 2010). Student nurses learning take place in the clinical setting under the direct supervision and guidance of a clinical nurse teacher. The bachelor's degree curriculum at HMU is the same as other universities in Iraqi Kurdistan and has undergone various reforms over the past two decades. The intention is to ensure knowledge and skills of graduate's match requirements for providing high-quality nursing care. Currently there is no nursing sub-speciality programs in the region in order to specialise in niche practice areas, but when one is implemented, it is assumed to improve health care generally and nursing reliability and autonomy particularly.

Graduate nurses (known as rotators in Iraqi Kurdistan for the first year after graduation) at this university are usually employed in a public hospital, providing nursing care under the supervision of physicians and permanent nurses that have been qualified for longer than a year. The rotator staff have limited progression opportunities than those nurses who are permanent. Graduate nurses become permanent after the completion of a one-year rotation in the hospital. In recent years all rotators get permanent jobs because there is increasing demand of nurses in the region.

Having discussed the nursing programme at HMU now this section will explain the faculty involved in the delivery of this programme. Key academics involved in the delivery of this program at HMU are physicians, nurse lecturers, nurse clinical instructors, basic (natural) sciences lecturers as well as social sciences lecturers. Clinical education at this university refers to programs that provide professionals-in-training with practical and skills-oriented instruction under the supervision of clinical instructors. Clinical instructors at school of nursing are university graduate nurses holding bachelor or master's degrees in nursing. They have different areas of responsibilities but are all expected to be clinically credible, as they play a critical role in student nurses' self-confidence, role socialisation and independence which leads to clinical competency. In addition, clinical instructors can help to improve nursing education through developing effective clinical teaching strategies. However, most of the clinical instructors might not be clinically credible as they are newly graduate

nurses with no prior teaching experience and the perceptions of this differ by the triad stakeholders.

Globally in nursing, clinical instructors may also be known by other names, such as clinical teacher, mentor, clinical educator, clinical facilitator and preceptor depending on the profession or school. These names not only used by nursing profession only but in many other professions such as in primary education, law, dentistry and medicine. The description below will identify the most commonly clinical supervision models described within the nursing literature:

Nurse Educators: at the most basic level, they teach student nurses about patient care. They are often responsible for developing a curriculum and they teach using lectures or lab and bedside work (Franklin, 2013).

Clinical facilitator: is a registered nurse, involved in current nursing practice, who is engaged to facilitate student learning on and off campus in practice (Franklin, 2013; Mokhtari Nouri et al., 2014).

Preceptor: is an experienced nurse practitioner who provides supervision during clinical placement and facilitates successful application of theory to practice for nursing students and staff learners. Preceptorship was originated in the United States during the 1970s and adopted in Australia over a period from 1984-1993 (Franklin, 2013).

Mentors: are the guides, experts and role models who help develop a new or less experienced mentee (Jokelainen, et al. 2011). On many occasions, mentoring is a

spontaneous relationship that develops between two people. The mentee is paired with an experienced nurse to learn a new position and develop in the role (Franklin, 2013).

For this study the clinical instructor is the term used most commonly in Iraqi Kurdistan to denote the role that is undertaken by usually a qualified nurse mainly responsible for students' learning in the clinical area; hence, this term will be chosen for the aim of this study. Credibility is not a single, uniform concept and educational organisers including instructors and students have define it differently. The clinical instructor is completely directing, supervising as well as controlling the clinical teaching that prepares highly qualified and competent nurse graduates. Historically it seems that clinical teaching roles have received substantial attention worldwide. In recent times of ambiguity in education globally, researchers in nursing believed that the multifaceted role of nurse clinical instructors should be re-examined, a claim that is supported by many researchers such as: Gillespie and McFetridge (2006), Barrett (2007), Meskell, Murphy and Shaw (2009) and Ismail, Aboushady and Eswi (2016). Furthermore, this study plans to explain the essence of credibility from the lens of Kurdish stakeholders. Lee, Cholowski and Williams (2002) stated that from the nurse students and academic point of view clinical instructors are classified as good if they are believable and have expertise and trustworthiness. Lee, Cholowski and Williams (2002)'s finding is in line with that of Pogue and Ahyun (2006), who claimed that in order to increase the chance of students' success, teacher credibility should be increased. This means that when the teacher credibility is increased, the students will be more successful. Studies have confirmed that students' motivation, their drive to success and their overall academic

achievement scores will increase if they taught by a credible teacher (Frymier and Thompson, 1992; Teven and McCrosky, 1997). Accordingly, Russ, Simonds and Hunt (2002) concluded that teacher credibility is a prominent prerequisite for effective teaching.

However, Gillespie and McFetridge (2006) argued that the concept of clinical credibility is not well defined and it is more implicit than explicit. Therefore, this research study will define clinical credibility, explore how clinical instructors' credibility is viewed by nursing students, clinical instructors as well as lecturers in the nursing college at HMU in the Kurdistan region of Iraq. This study will create the opportunity to explore the triad of perceptions of individual participants who negotiate and manipulate their reality.

A social constructivism approach will be applied to this research study as it allows individual participants to share their experience via exploring multiple realities. Elkind (2005) asserted that "*As soon as you include human mental activity in the process of knowing reality, you have accepted constructivism*" p.334. In this research study a number of stakeholders were included in meaning making process. This is to provide and inform a model of credible clinical instructors and to construct an operational definition for clinical credibility by clinical instructors. This operational definition may identify the taxonomic composition of clinical instructors' credibility which will clarify, refine, explain and more precisely define the concept. The result of this research will enable the investigator to shed light on the concept of clinical credibility and also

identify the characteristics and features of clinically credible instructors based on the stakeholders' (student nurse, lecturers and clinical instructors) point of view. Furthermore, the result will be useful for authorities and academics in relation to features of clinically credible instructors and will offer further recommendations to improve clinical instructors' credibility and competency.

1.3. My Motivation (the Researcher Position):

I began this work after working as a clinical instructor since 2007. I notice different description of the clinical credibility by lecturers, students and even clinical instructors themselves. Some authors believed that there is a direct link between the educator's delivery of clinical skills and their credibility and that they were capable to create a reasonable clinical learning environment (Maxwell, Black and Baillie, 2014; Fisher, 2005). The nursing education in Iraqi Kurdistan is particularly focus on clinical preparation of the nurses that fit for practice. This is done by academic educators that are unregulated by law. As a result, this role (clinical instructors' role) has been criticised by the government and community (Moore et al., 2014). Observing all this, I questioned if the university or clinical instructors themselves can plan for enhancing clinical credibility and in turn their clinical education would meet the acceptable performance criteria by higher education authorities.

Overall, three factors motivated the researcher to undertake this research study. First, there is a dearth of research on the clinical instructor's credibility particularly in Iraqi Kurdistan region. Second, there is uncertainty in achieving and maintaining clinical credibility. For example, there is no defined practical framework for clinical instructors to maintain clinical credibility. Third, there is a need to have a shared perception among different participants in order to provide an inclusive picture of the issue clinical credibility. It is clear that a high level of performance and effectiveness along with technical skills on the educators' side is needed in direct patient care, in order to foster an appropriate environment for clinical education as an effective strategy to ensure clinical credibility. As a result, I became interested in research which could potentially improve clinical instructors' effectiveness and credibility. This ambitious aim was refined with the assistance of my supervisors into a more manageable study.

1.4. An Overview of the Evolution of Nursing Education Globally:

It is of great important to analyse high level changes in the Iraqi Kurdistan nursing education to examine clinical nursing credibility. It will be necessary to draw upon

literature relating to the historical development of nurse education as such changes have implications on the role of the clinical instructor at HMU and across Iraqi Kurdistan. It is acknowledged by Kelly (2007) that effective clinical education is vital for the development of experiential nursing knowledge, with the clinical instructor being the most significant in the development of competent, proficient and skilled nurses. In the twenty first century, nurse education is a program that prepares nurses theoretically and practically as well as equipping them for their future career as a professional nurse. Globally, most of the nursing schools offer general nursing courses in Higher Education Institutions and others offer courses that are specific such as: adult nursing, mental health nursing, paediatric nursing and post-operative nursing courses. However, the collective aim of all these nursing schools is to prepare registered nurses or licensed practical nurses for the clinical arena (Benner, 2012).

Historically nursing education in Iraqi Kurdistan as many countries (such as the UK and USA) was restricted to hospital-based training courses (Garfield and McCarthy, 2005; Ousey, 2011), and it was entirely under the physicians' supervision in Iraq (Garfield and McCarthy, 2005). This training programme was aimed to train candidates a specific set of skills to allow them to better perform a particular task. Later, nursing schools were started to graduate nurses after a completion of two to three years of training. This program was primarily focused on hospital-based patient care with limited classroom based theoretical hours. Due to the realisation of the significant change in healthcare delivery such as community-based service and interdisciplinary care and medical science development, increasing interests in clinical research, technological revolution

as well as the increasing consumer demands, most countries came to a conclusion that nursing education should transfer to higher education. For example, in recent years the challenge of the US health care system, has been described and reported by many government agencies, researchers, policy analysts, and health professionals (Greiner and Knebel, 2003; Francis and Humphreys, 1999). As a result, the health care needs to become more patient centred; primary care and prevention focused. Therefore, currently they are following this trend (Fix et al., 2018).

Nurses have been publicly criticised by patients and carers for their lack of care and compassion (Bradshaw, 2009). Publications have questioned the credibility of current registered nurses and asked how they have been educated (Smith, 2005). Therefore, to meet the health needs of the population, globally nurse education programs have undergone a number of significant transformative changes. For example, towards the end of 20th century a three or four years program course started to graduate qualified registered nurses from nursing schools and colleges of nursing world-wide (Redman, 2001). It had been assumed that the idea of transformation of nursing education to higher education institutions would make substantial changes in health care delivery. Correspondingly, nursing organisations and communities universally believed that this transition would increase the capacity of graduate nurses to deal with many health-related challenges facing modern communities (Redman, 2001).

In countries such as the US, UK and Australia, as a first step, nursing schools started to transfer to the higher education institutions to guarantee the nursing status as a large

professional group in the health care sector. As a result of this revolution, the nursing profession has been transformed from a basic auxiliary profession to a career that provides long term specialisation and deeper professional development, particularly at postgraduate level (Francis and Humphreys, 1999; Shalala, 2011). Thus, it is assured that future nurses will be well equipped with theoretical knowledge, skilled practice and attitudes which will subsidise their roles as effective agents in a health care provider team. In spite of these facts after transferring nurse education to higher education in Iraqi Kurdistan, university graduate nurses faced criticism from the Kurdish authorities.

Universities in Iraqi Kurdistan have been criticised for the graduate lack of practice readiness for the clinical setting. The reason behind this unpreparedness is thought to be the weak linkage between theory and practice (Garfield and McCarthy, 2005). Furthermore, nursing students named dissatisfactory undergraduate programs as another weak point of this transformation because theory hours were higher than practice in Kurdistan. As a result, Kurdish students have not had enough opportunity to practice their skills. Similarly, in the UK higher education nursing institutions were facing these censures (UKCC, 1986). In response to these criticisms, a report from the Nursing and Midwifery Council (2002) argued congruent with the culture of higher education level, new nurse education models should emphasize on a non-prescriptive student-centred approach, promoting self-direction, critical thinking and life-long learning. In 2010, the UK Nursing and Midwifery Council claimed that nursing program leaders should ensure that students know how to use the learning experiences in both

academic and practice settings, while considering their own and others' safety. In addition, every single opportunity should be taken by nurses to enhance health promoting behaviour via skill-based health education, role modelling and effective communication. Later in 2015 the new code from NMC recommends building foundations of good nursing and midwifery practice and the educational programme should offer opportunities to acknowledge and regulate the wider aspects of nursing and midwifery roles ensuring appropriate competencies (NMC, 2015).

However, in the United States of America following the establishment of the Nightingale model at St. Thomas' Hospital in London in 1860, hospital training schools were started. Official nursing education in the United States started in the 1870s as a hospital based internship school following the Nightingale plan (Kalisch and Kalisch, 1995). Similarly, having schools of Nursing in hospitals were also established in the UK at the early part of the 20th century (Francis and Humphreys, 1999). In 1873, Linda Richards received a diploma degree as the first American nurse in Boston at the New England Hospital for Women and Children. Bellevue Training School for nurses was among the first nursing schools, opened in New York City in 1873, it was followed by the Connecticut Training School in New Haven, Connecticut in 1873 and the Boston Training School at Massachusetts General in the same year (Kalisch and Kalisch, 1995). There was no classroom based teaching or textbooks yet and all the training was practical and hospital based throughout the year.

Currently in the USA, nursing courses are varies depending on student residency, nursing study and admission requirements and procedures to the nursing. To become a registered nurse at undergraduate level, students have three opportunities to enter:

- Bachelor of Science degree in Nursing (BSN). Bachelor or baccalaureate degree in nursing is a formal and planned undergraduate nursing program offered by nursing colleges and universities in the USA. This program entails the logical foundation, objectives and strategies that are essential for registered nurse preparation.

- Associate degree in nursing (AND) is a two year degree program offered by subordinate nursing colleges or communities.

- Diploma degree is a hospital based program that takes two to three years to complete.

A postgraduate degree of nursing can be classified into three main certificates, namely;

- Master of Science in Nursing (MSN), that prepares graduates for the purpose of leadership, advanced clinical practice domains and doctoral studies.

- The traditional research Doctor of Philosophy (PhD) degree, the main purpose of which is to prepare graduates for academia and research. In addition to this, the DPN (Doctorate of Nursing Practice) trains nurses through internships to be

prepared for leadership, administration and clinical research positions in the clinical areas (nurse education past present future).

- As well, joint degree or dual degree programmes are available such as MSC/MBA, that prepare graduates for the leadership positions at clinical healthcare practice, MSN/Ed.D, is another joint degree program at higher education level that prepare nurse practitioners for academic and educational purposes for the role of nurse educators. The main aim of this course is to develop important research and teaching skills of the nursing school faculty members, so as to work as nurse educators in the future.

By 1960 the United States, like other developed countries experienced a series of developments in the nursing profession and in the methods of healthcare delivery. Indeed, many substantial modifications have been made in the nursing education system. The first and foremost change was the conversion of nursing education from hospital-based traineeship to university placed programs which was affiliated to higher education. The rationale behind this step was to prepare nurses for contemporary and future health care demands. Secondly, in the nursing core curriculum and practice they started to utilize nursing theory as a framework. Zilembo and Monterosso (2008) claimed that the conceptual framework is guiding the nurse educators to clinically conceptualise and organise knowledge, beliefs, skills and values to the curriculum delivery according to the curriculum objectives. Moreover, like any other country, when a conceptual framework was used by US universities in undergraduate education, a

crucial improvement had been noticed in nursing education and nursing practice (Wilson et al., 2015). Conceptual frameworks are useful for establishing a congruent relationship between program curricula, objectives and content. Using a conceptual framework will outgrow the philosophy of the faculty so it will reflect on the faculty's educational beliefs about person, health, nursing, and society and environment. Thirdly, nursing research has been given great importance and researchers started to use research based evidence to improve nursing education as well as nursing practice (Tingen et al., 2009). Lastly, they have started to focus on delivery of primary health care via advanced practice nurses.

As a result of these reforms the status of nurse education as a profession has risen considerably. Nowadays, nursing schools in their curriculum are focusing on preparing nurses with a high quality of critical thinking skills for complete patient care. The theoretical nursing courses in baccalaureate encompass physiology, anatomy, chemistry, microbiology in addition to social sciences such as sociology and psychology. Meanwhile, clinical nursing courses focus on the fundamentals of nursing, medical surgical nursing (adult nursing), maternity nursing, paediatric nursing, mental health nursing, psychiatric nursing and community health nursing.

1.4.A. An Overview of Nurse Education in Iraq and Kurdistan

In 1933 the first formal nursing programme was established in Baghdad. Prior that time nursing was not a respected profession and most people were cared for at home by family members. In addition, all of the previous nursing schools had been attached to hospitals. Cultural norms have been powerful in shaping nursing history. From establishment nursing programmes struggled to recruit well qualified men and women. For example, at that time it was not acceptable in Iraq for women to go to work, particularly nursing as it was considered as a non-respectable employment (Garfield and McCarthy, 2005). Later, in 1962 the first college of nursing was established at the University of Baghdad under the supervision of the World Health Organization (WHO). Nursing was again restricted by cultural values and norms that limited employment choices for women and their ability to deal with the physical needs of unconnected people (Martone and Garfield, 2003). The nursing profession at that time in Iraq was relatively made to resemble pre-Nightingale nursing in the UK in many ways. For example, agricultural school graduates were mandating to provide 6 months of nursing service to get their titles. In some areas minor criminals and army deserters were pressed into public service as nurses. Later, in 1975 female nurses were allowed to work only with female patients and Free Educational Law (In Iraq education was free at all levels and compulsory through the six years of primary education) encouraged admission to education and enabled nursing college graduates to study abroad in the UK and US to obtain a higher degree. Moreover, Iraq recruited many foreign nurses in the 1980s to cover this shortage. After the war in 1980, that spread across three decades men were employed as a nurse along with women. In 1989 the total number

of male and female nurses was 12,687, including 5932 baccalaureate graduates (Iraqi Ministry of Health, Baghdad, unpublished data). Currently, most Iraqi nursing program providers have master's or Doctorates from developed countries and these were attained in the years before Iraq plunged into conflict and instability. As a result of all these conflicts, wars, counterinsurgency struggles and economic sanctions, nurse education programmes became ruined. The establishment of a post graduate programme was started in 1986, offering academic specialties adult nursing (medical-surgical), psychiatric nursing, maternity and paediatric nursing.

However, many of the academic faculties were overseas nationals and had limited knowledge about Iraqi culture and society. As a result of the establishment of the postgraduate program, sending graduates to study abroad and bringing academic staff from high quality universities, the quality of nursing education became very high. Therefore, students from neighbouring countries came to study in Iraqi universities; however, after graduation few decided to serve in Iraqi public. The period after the Gulf War of 2003 witnessed significant changes in nursing education with development in several pathways. For example, salaries were raised and educational distinctions introduced as the economic and social life situation after the Saddam Regime improved. It is worth mentioning that there is no professional standard and no system of licensure or credentialing exists in Iraq up to the present time so that nursing was not seen as accountable to the general public. In addition, the public were unable to check the individual qualifications of each nurse. The reason behind this is on-going conflict and

a lack of unity among nurse leaders. The development of these systems is of great importance in order to gain respect, stability and identity for the nursing field. Moreover, the structure, curriculum and faculty training in nursing college were highly influenced by the American model of nursing education. Currently Iraqi universities offer a wide range of nursing educational programmes from diploma to doctoral level, hence this has made a significant change in Iraqi societies. However, at present the teaching method and curriculum development have been strictly controlled by the ministry of higher education (higher education institutions in other countries). As a result, opportunities for participatory and self-directed learning have been limited. Consequently, World Health Organization has started to work with higher education institutions to expand and improve the nursing education programme in Iraq (WHO, 2013).

Nurse education in Iraqi Kurdistan region was different in that only after the Saddam regime a nursing program started. There is far less literature exploring any issue related to clinical instruction in Iraqi Kurdistan. In this section nursing education in Iraqi Kurdistan in general and HMU in particular will be presented. This review is based on many references that examine the health issue in Kurdistan but not nurse education. Historically, there were three main entry routes to nursing programmes in the Kurdistan region of Iraq. The first one, was six months trained graduates affiliated to the Ministry of Health (MOH), another was secondary school graduate nurses that were allied to the Ministry of Education (MOE) and two year nursing diploma courses based within the Ministry of Higher Education and Scientific Research (MHESR)(Tawfik-

Shukor and Khoshnaw, 2010). Following a number of struggles such as the 1994-98 Kurdish civil war and the two Gulf wars (1990 and 2003) significant changes to nursing education took place in the Iraqi Kurdistan region. More recently, nurse education has followed the direction taken by most other countries in moving pre-registration nursing education from an-internship style training to a university-based academic model.

Today, all undergraduate nurse education, both the two-year diploma as well as the four year undergraduate degree, are integrated to the higher education institutions (Naqshbandi, 2014). The first degree level of professional and academic nurses based within higher education institutes commenced in two main universities in 2001. One was Hawler Medical University located in Erbil, the capital city of the Iraqi Kurdistan region, and the other was Sulaymaniyah University in Sulaymaniyah city. After the first group graduation in 2005, master's and Doctorate postgraduate courses were offered to the students. Applicants from local and national cities outside the Kurdistan region such as the University of Baghdad, Kirkuk, Mosul and other parts of Iraq, were accepted. Nurses were now able to undertake study from across all university based programmes up to and including doctoral level following a series of transformative changes to the higher education system generally, and across nursing education in particular. The heart of any modern health care system is skilled health care professionals.

As stated by the ministry of health's annual report (2009) there are about 17 nurses per 10,000 of population. Moore et al. (2014) stated that Kurdistan has more nurses per capita than some neighbouring countries such as Lebanon, Iran, Syria and Turkey.

Although the authorities in the Kurdistan region are not concerned about the number of nurses, they claimed that the distributions, qualification as well as the competences of all nurses' level are a critical problem. In the beginning of the establishment of Nursing Colleges in each governorate, nursing students were trained by physicians, not nurse educators; this was directly affecting the graduates' competence (KRG Ministry of Health Report 2009, cited in Moore et al., 2014).

However, Naqshbandi the Dean of College of Nursing/Hawler Medical University in 2014 (in an email) confirmed that quality and performance improvement initiatives have been driving significant changes in the Iraqi Kurdistan healthcare system in the last few years. The pace of full implementation of national health reform has been increasing. One of the goals was to prepare highly qualified nurse graduates. To achieve this aim, the government established university level nursing programmes in 2001 through enhancing the nurse education, training, and performance of all health professionals and implementing strategies to more easily increase the number of qualified nurses by providing scholarships to hospital staff. Ultimately, the government decided to establish only two level programs for nursing education (technical and professional), and produce "bridging programmes". The aim of this programme is to upgrade intermediate and technical nurses over a designated time period.

In addition, many efforts have been made to enhance the quality of nursing education at all levels. Hence efforts were limited to strengthening, enlarging and increasing access to university education (BSc, master's and PhD). Moreover, the Nursing Colleges

in all Kurdistan universities started to update teaching/learning materials, improve quality of clinical teaching and develop the clinical teaching effectiveness. The Ministry of Health and Ministry of Higher Education created better liaison and collaborative mechanisms to reduce the education and service gap. Thus, it can be seen that all reasonable endeavours have been made to raise the quality of academic graduate nurses, in knowledge, practice and competence, to meet international standards. Consequently, in a conversation on 3rd February 2016 Naqshbandi stated that there has been a substantial increase in the number of undergraduate and postgraduate students over the last decade. In turn the number of academic staff has become insufficient. As a result, the number of qualified lecturers and clinical instructors in nursing schools and their years of experience as nurse educators were inadequate. Hawler Medical University, one of the public medical universities in Erbil, was leading the way of all these revolutions. Since Erbil is the epicentre of private healthcare in the region, the city has become a regional destination for healthcare provision, with patients arriving from across Iraq. Approximately three quarters (75%) of the board of investment licenses are granted to private healthcare projects in the Erbil governorate. Moreover, 596 million dollars has been invested in these projects (roughly 81% of all funds allocated to the healthcare licenses).

Consequently, the demand for highly qualified nurse graduates has increased. After the foundation of graduate nursing programmes in all Kurdistan universities, at present the number of nurses active in the region sufficiently covers current demand. However,

both the Ministry of Health and numerous other health agencies are concerned about the quality of nursing care in Kurdistan. In particular the lack of defined nursing competencies and responsibilities. Clinical instructors in Kurdistan also come in for criticism with regard to their lack of clinical credibility (confirmed in an email Naqshbandi, Dean of College of Nursing/HMU in 2014) and there have been queries about whether they may even be unable to maintain their teaching requirements. Nursing education programmes in the region are therefore in need of immediate attention in general and clinical education in particular. HMU is addressing these issues by updating the curriculum frequently, starting a mentorship program, following international partnerships for final year students since 2005. Moreover, insufficient research based on published data exists, linked to nursing education in this region and far less attention has been paid to explore nursing education in general and clinical teaching in particular. This strongly encouraged the researcher to explore this area.

1.4.B. An Overview of Clinical Education in Nursing in Some Countries Compared to HMU:

The National Nurse Education Review (2002) in Australia had stated that the quality of pre-registration nurse education mostly depended upon the quality of the clinical experience. Equally, nursing is a practice grounded profession. In the UK the purpose of nurse education is to deliver a nursing workforce that is fit for practice and purpose

(NMC, 2010). Furthermore, in the USA, applying theoretical knowledge to the practice setting and developing nursing students' competence is the main aim of clinical nursing education (American Association of Colleges of Nursing, 2008). As stated by Gaberson and Oermann, (2010) clinical education is internal, empirical, dynamic, and difficult to measure. Strategies, such as clinical teaching behaviour, critical thinking, and student-teacher relationships, to promote clinical education and to measure its outcome have commonly been written about in the literature. It is also well-known that clinical instructors are significant component in the clinical education process and they have an important role to prepare students for their real role as health professionals (Hankemeier and Van Lunen, 2011).

Clinical education focuses on and is located in the so-called 'real world' of professional practice where learning is by necessity holistic and requires the transfer, reorganisation, application, synthesis and evaluation of previously learned acquired knowledge along with the acquisition of new knowledge and skills (McAllister et al.,1997, p. 6). Perhaps not surprisingly, students often deemed that learning through placement or experimental learning is the more meaningful learning process than that received in classrooms after they observed and practiced the clinical skills in the real world (Lambert and Glacken, 2005). As a result of clinical practice, students attain opportunities to apply theoretical knowledge to patient care directly. However, in addition to applying the theoretical knowledge and concepts that have been introduced in classroom/laboratory settings, students in the clinical placements also learn to

engage their compassion, views and decisions and also obtain the necessary practice attitudes. Usually undergraduate nurse students undertake their clinical experience in diverse clinical situations such as hospitals, mental health facilities, community services and long term care facilities. In the clinical setting, integration of theory and practice components of curriculum can take place and also students' knowledge can be reorganised, so that they may apply these to clinical decision making and problem solving in the actual patient situations.

However, in Kurdistan generally and at HMU particularly, the role of the clinical instructor is supervising students' learning in clinical practice. The clinical instructors are entirely higher education based and are to some extent isolated from clinical practice and decision-making. In 2015, ten years after the first group graduation of student nurses at HMU, authorities (Higher Education and local health directory) decided to establish a new role, the mentor, to meet the student nurse learning need.

As a result, they ensured the newly qualified nurses will be competent and fit for practice by improved morale, higher career satisfaction, increased self-confidence, increased professional development, increased publication, obtaining more grants, and quicker promotion. Authorities in Kurdistan thought that clinical instructors are not clinically credible, as they do not actively practise in a clinical role in real practical setting. To this point, in Kurdistan, there is no on-going proof of clinical credibility and competence from clinical instructors; this has not been a pressing issue for clinical

instructors. Increasingly, a proof of clinical credibility is becoming an academic requirement for clinical instructors and they will also need to demonstrate clinical currency and their competence to practice in the future. The following sections in this chapter further define and explore the clinical instructor's role and their effectiveness in the clinical practice environment.

1.4.C. Role of the Clinical Instructor (Clinical Educational Facilitator)

The facilitation process as has been defined by Harvey et al. (2002) as a process of enabling the nurse learner to implement evidence into practice, also with a new dimension namely that of support learning in practice. Furthermore, this process is carried out by a person called facilitator, which aims to make clinical education easier for others. Tanda and Denham (2009) pointed out that since Florence Nightingale's time; clinical instructors play an important role for professional nursing education. Similarly, nowadays they account for a core component of university credits within undergraduate nursing programs across the globe. In addition, clinical instructors account for an integral part of nursing education in Iraqi Kurdistan as they are teaching nursing students in the clinical and laboratory practice settings (Hanson and Stenvig, 2008).

According to NMC (2006) the clinical teacher's role is that of a "custodian", the aim is that the tutor should get through the curriculum, meeting the statutory competencies along the way. Additionally, NMC (2006) stated that the criteria for clinical teacher role is to support inter-professional learning and working, and also to support a variety of learning opportunities for students and support their practical development. Carson and Carnwell (2007) supposed that in the nursing programme the clinical instructors act as bridge to transfer knowledge for students between classroom theory and practice care institutions. Therefore, clinical instructors should perform as an integral part of the academic environment. As a result of this, clinical instructors can effectively facilitate the transfer of theoretical knowledge of students into real clinical practice settings. Furthermore, they can assess students' professional knowledge and skills developments efficiently, because they might have more opportunity to access academic capital such as faculty development sessions and program planning committees. However, Andrew and Wilkie (2007) claimed that clinical instructors have to function operationally in the practice settings apart from the academic organisations but they do not have the right for decision making in the setting.

After the transition of nursing education from hospital-based training to higher education institutions, the nurse teacher role has been the area of debate in the last two decades, particularly in the UK and US (Murphy, 2000; Msiska, Munkhondya and Chilemba, 2014). Similarly, in Kurdistan after offering nursing education within higher education institutions, the concerns tended to focus on clinical teaching and

particularly clinical instructors' credibility. During traditional hospital-based nursing education, students were allotted to spend more time in clinical practice, whereas following the transition of nursing education to tertiary education, practice time have been reduced for student nurses. Consequently, effective clinical instructors are required to positively enhance the students' learning process because to meet all learning requirements, students completely rely upon their clinical instructors in order to be both expert teachers and clinicians. In HMU, a critical shortage of clinical nursing faculty staff members has resulted in nursing programme leaders to assign junior clinical instructors into this role only one year after their graduation despite having no teaching experience.

Nugent et al. (1999) showed concern regarding newly appointed clinical instructors that they could not be prepared effectively to teach, support and assess students, after entering to the teaching field with sufficient clinical experience. Moreover, newly appointed clinical instructors at HMU may have limited clinical experience so that it is believed by the student that they are not clinically competent. Below Roger (1983) refers to the concept of facilitation and this should be the teaching strategy at HMU:

> "The precondition is: a leader or a person who is perceived as an authority figure is sufficiently secure within herself (himself) and in her (his) relationship to others that she (he) experiences an essential trust in the capacity of others to think for themselves, to learn for themselves secure within herself and in her relationship to others that she experiences an essential trust in the capacity of others to think for themselves to learn for themselves" (p. 188).

On the other hand, traditionally at non-higher education institutions nurse education was a completely teacher directive approach. According to Orland-Barak and Wilhelem (2005) in disciplines such as nursing, students should attain the capability to transfer and apply classroom acquired theoretical knowledge into the situated context. Moreover, clinical instructors (teachers that supervise students in the clinical area), in the modern day need to be experts in both teaching and clinical skills. This is because the clinical teacher is the person with direct and immediate responsibility for ensuring that a student's field experience leads to clinical competency (AlHaqwi and Taha, 2015).

1.4.D. Teacher Effectiveness in Nursing Education

This section is a critical exploration of the literature on the clinical instructors' effectiveness from the perception of students and clinical instructors themselves and starts with a recent study undertaken by Valiee et al. (2016) who explored the clinical instructors' most effective teaching strategies. Valiee et al. (2016) used a descriptive-cross-sectional study with all third and final year nursing and midwifery students at the Kurdistan University of Medical Science / Iran. Findings from this study revealed that from the perspective of students the most effective strategies followed by clinical instructors are to treat students, colleagues and patients with respect. Further issues regarded as important were the willingness to promote students' independence and self-confidence, showing expertise in care provision and clinical education, being a good role model and having patience in addressing students' questions and problems.

The limitation that has been noted from this study is more diversified sample should be used and both student and teacher responses should be explored.

Madhavanprabhakaran et al. (2013) in Oman also used a quantitative study to explore the learner's views on most effective clinical instructors' features which may have influence on their clinical learning process. The result showed that regardless of the student's gender the clinical instructor's professional competence was rated as the most significant characteristic followed by objective evaluation, good communication skills, role modelling and respecting students as an individual. Tang et al. (2005) have carried out another study conducting a survey of nursing students. In this study the participants were requested to identify effective and ineffective characteristics of clinical instructors. Findings from this study reported that interpersonal relationships received the highest score for identifying the effective clinical instructor. This showed that students are more in need of a role model faculty that displays respect and a friendly attitude towards students. Of critical importance to the current study was the reported finding that students in the study stressed significantly on clinical instructors' interpersonal traits while studies exploring nurse educators themselves were more focused on hands on care and teaching expertise. In addition, there is little evidence regarding students' views. Therefore, the current study is aimed at adopting a multi-dimensional perception. Ultimately, according to Robinson (2009) clinical instructors need to be competent educators and expert practitioners that make them capable of assuming legal and ethical responsibility for students as well as patient care. In addition, Robinson (2009) pointed out that the role of a clinical instructor is to create

learning opportunities for students in clinical settings and evaluate professional development of nurse students.

According to literature that have been reviewed characteristics of effective clinical teacher were grouped into four main areas: teaching skill abilities, knowledge and clinical competence, interpersonal relationships, and role modelling. This grouping was based on the description that rated by students and teachers. Therefore, most studies revealed that characteristics of the 'best' clinical teachers include being good role models, enjoying nursing, enjoying teaching and demonstrating good clinical skills and sound judgement. Students indicated that the 'worst' clinical teacher characteristics are not being good role models. In both studies, the most distinguishing differences between the 'best' and 'worst' clinical teachers were those of being a good role model and supporting mutual respect. These findings indicate that in the clinic sections students can reflect on their learning and they are able to articulate the factors that influence their motivation to become nurses. Furthermore, according to Andrew et al. (2010), clinical instructors are not readily prepared to teach and they are split between academic and clinical environments constrains a career pathway with collaborative approaches.

1.5 Rationale of undertaking this study and anticipated outcomes:

In the field of nursing education limited studies have been conducted to explore the notion of clinical credibility for Iraqi Kurdistan; there is little published research in this area (Fisher, 2005). Thus, the present study will be undertaken for a number of reasons. To start with, in a review of the literature regarding nurse clinical instructors' credibility, the issues of effective and ineffective clinical instructors and clinical educators' behaviour were repeatedly explored (Nahas and Yam, 2001; Allison-Jones and Hirt, 2004; Cook, 2005 and Tang et al., 2005). According to Yonge et al. (2005) most of the researches in clinical nursing education are subject to limitations such as using different methods and instruments, small sample sizes, and having restricted settings. This is found to be significantly related to unpredictability and complexity of clinical nursing education.

Therefore, this study explores in more depth the nursing students', clinical instructors' and lecturers' perceptions on the notion of clinical instructors' credibility at Hawler Medical University/Iraqi Kurdistan. In the Middle East in general and in Kurdistan in particular, no studies were found concerning clinical instructors' credibility. However, few studies have been carried out in Asian and western countries such as Goorapah (1997) in the UK, Fisher (2005) in the UK, Smith (2005) in the USA, de Guzman (2007) in the Philippines, Ousey and Gallagher (2010) in the UK and Marshall, West and Aitkin (2013) in Australia. Therefore, it is predicted that different results will be obtained from triad perceptions in different cultures, such as the Kurdish culture. In addition, this study affords a significant contribution in this field: it will offer a foundation for further

research and studies in regard to this issue. Moreover, due to the complexity of nursing education, it requires professional instructors; hence the result of this study will inform the authorities in Iraqi Kurdistan about characteristics of credible clinical instructors. Finally, it will suggest a number of convincing and logical approaches that could enhance clinical credibility in this region.

This study concentrates on in-depth interviews, exploring the triad of perceptions, including students, preceptors and lecturers, regarding clinical instructor's credibility in the Kurdistan region. This study will produce taxonomies of clinical credibility from the standpoint of students, clinical instructors and lecturers in Iraqi Kurdistan which have never been explored by any researcher before. As a result, implications will be considered for specific training for clinical instructors to enhance their clinical credibility in addition to their competencies. Furthermore, this study will identify potential areas for further investigation in this field. The research questions, significance of the research questions and the importance of the research questions will now be put forward.

1.6. Aims and objectives

According to Pryor (2010), the research question helps to establish boundaries in a study, thereby structuring its framework. Based on the area of interest and overall research question research aims were developed. Given the significance of teacher

credibility and its impacts on learning and teaching processes, the primary purpose of present study is to:

'Explore the Concept of Clinical Instructors' Credibility from the "Triad of Perceptions" of Nurse Lecturers, Clinical Instructors and Students at Hawler Medical University'.

Secondary purpose is to determine if similarities or differences in perceptions existed among the triad perceptions. By doing so this research study proposed to produce new knowledge about clinical instructors' credibility suggesting a number of convincing and logical approaches that could enhance clinical credibility in Iraqi Kurdistan.

1.7. Research Questions

1. what does clinical instructor's credibility mean as it is described by the triad and How do they characterize it?
2. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of students?
3. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of clinical instructors?
4. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of lecturers?
5. How do the triad construct clinical instructor's credibility.

1.7.1. Significance of the Research Questions

A well-defined and novel research question is more likely to help guide the researcher in making decisions about study design and population and subsequently help decide what type of data collection and analysis will be suitable to use. In the current study, the overall research question is significant, as it will allow new knowledge to develop about clinical instructors' credibility in Iraqi Kurdistan. As a result of examining and addressing these questions, it aims to satisfy at least one major criterion of good research, for the reason of originality. It is proposed that the focus of this study will provide not only an original contribution to knowledge, but also important information that can be used to expand future development of clinical instructors' credibility and aid in identifying clinical credibility's taxonomies in the Iraqi Kurdistan region. A comprehensive explanation of clinical instructors' credibility at HMU, an area never researched before, will be provided. Such findings that will provide by the triad of perception will offer an insight into higher education institutions. This in turn will provide future clinical instructors a model to achieve credibility on par with that of nurse lecturers.

1.7.2. Importance of the Research Questions

It is crucial for this researcher to be aware of a knowledge deficit within a subject area or field of study. A research question is essentially a hypothesis asked in the form of a question and it is probably the most important and perhaps the most challenging.

Farrugia et al., (2010) claimed that the main challenge that the researcher faces while defining an appropriate research question, is verifying the uncertainties in the field of the study that should be studied and also the justification for investigating them. Examining the concept of clinical instructor's credibility is valuable to investigate and explore especially when the influence on the nursing education process is realised.

The following are contributions that this research study will make:

- Through the interpretation of the meaning of clinical instructors' credibility in the Iraqi Kurdistan region the body of research-based knowledge for nursing education will be expanded. As a result, this will enhance the professional standards for nursing in education and clinical practice.

- This in turn will provide the opportunity that the nurse graduates become more competent and best fit for practice, thus ensuring that the health system generally will improve and the public is protected.

- Another significant contribution of this research study is providing up-to-date and advanced knowledge and practice for nursing profession. In order to attain credibility and professional development clinical instructors need to have a research-based framework.

- Finally, the findings from this research study will contribute to enhance nursing profession at HMU by identifying potential future research on clinical credibility. As a result, this research will allow for a better understanding of the concept from triad perception, which will contribute to a more comprehensive understanding.

1.7.3. Focus of this Study:

The study aims to develop an increased understanding about the concept of clinical credibility. The study is qualitative constructivist and endeavours to construct the knowledge from multi-participants' perceptions of their clinical instructors' credibility. This study will not focus on the individual characteristics of the participants or insist on an explicit distinction between descriptive and interpretive themes, nor on a particular position for each type of theme in the coding structure.

1.7.4. The Triad of Perceptions

There is indication that teacher credibility has impacts on learning and teaching processes. Supporting this argument is the idea that a teacher's power of persuasion is increased when he or she is credible in the eyes of the students. This has been supported by the Source Credibility Theory (SCT) (Hovland, Janis and Kelly, 1953). However, the teacher effectiveness domain has not been explored completely particularly in nursing. In the clinical nursing practice, instructor credibility is one of the most important variables affecting teacher-student interaction. Instructors credibility is the degree to which an instructor is perceived by his or her students to be competent, to have character, and to be caring. As this research study is using social constructivist approach that focus on the role of social interaction in the construction

of knowledge and worldviews. The concept and the definition of credibility have evolved over time and are still perceived differently in different cultures and may also have some biological connections. In order to understand the issue of clinical credibility social actors' experiences need to be explored. With no doubts clinical instructors realise and shape their perception regarding the domains of credibility and the sense of credibility is hard to define and also a multifaced construct. In addition, credibility definition from student's point of view might be different from teacher's definition. Therefore, there is a strong need to understand clinical credibility concept from the lenses of all significant stakeholders. Significant stakeholders for the purpose of this study are students, lecturers and clinical instructors who are actively involved in the clinical nursing education, these three stakeholders will be referred to as a triad in this research study. A triad can be defined as group or set of three related people or things. Such an inclusion can lead to a better description of the construct and potential forces and sources shaping it. Despite the need for a triad of perceptions understanding, a detailed look clinical credibility in nursing in related body of literature has unfortunately revealed only a handful of research studies that are solely focusing on student's perspectives.

1.8. Thesis Structure:

This thesis is composed of several distinct parts. Each chapter is divided into a number of sections and sub-sections. Every chapter starts with a short outline of the chapter

content and ends with a conclusion and summary. To avoid confusion, some terms are used interchangeably such as: the word “research” and “study” referring to the whole work of the thesis.

The followings are the content of each chapter:

Chapter One: The investigator will outline the context of the study, research problem, the reason for undertaking this study in addition to purpose and position of the study in relation to ontological and epistemological considerations.

Chapter Two: A critical review of the existing literature on nursing education in general and on clinical credibility of clinical nurse educators in particular. Furthermore, theoretical underpinnings of the research are also presented and discussed in this chapter.

Chapter Three: This chapter details the methodological foundations and philosophical considerations of the study.

Chapter Four: Examines the research method used to collect the data for analysis. This chapter also explains tools used for the execution of this study as well as the appropriate consideration for research ethics

Chapter Five: The presentation of the results.

Chapter six: The discussion of the key findings in accordance with the research objectives and the reviewed literature.

Chapter seven: Draws conclusions from the data. The knowledge contribution of this research study is set out. In addition, this chapter presents the implications of the research findings for practice, educational and research levels, also consider the study limitations.

1.9. Chapter Summary

This first chapter laid the foundation of the thesis by presenting a short description of the research problem and overview of the research aim and objectives. This chapter has also provided an impression of the research issue including the significance of the study and the rationale of this study. Moreover, this area has never been investigated in Iraqi Kurdistan as will now be exposed, as this is a very important area to nursing education. In a time of change, academics are taking on an increasing range of diverse roles in many different settings within higher education institutions. The ability of staff in higher education institutions to develop a curriculum that adequately prepares for these roles is challenging. This study explores the current situation of clinical instructors' credibility and makes recommendations to enable more effective preparation for the clinical instruction role in future curriculum developments.

In conclusion, the aim of this research was to obtain a profound understanding of what is the meaning of clinical instructors' credibility. As the study is eventually in search for the context of being clinically credible, it accepts that meaning may occur through interactions between social actors (for example, in this study: clinical instructors,

students and lecturers). Using a triad of perception as a (social constructivism approach) lens to illuminate the different social realities, the study pursues interpretations of the stakeholders' perception to expose the meanings and feelings that create being clinically credible instructors.

As this chapter provided an overview of the key concepts involved in the study, the next chapter will provide a more detailed appraisal of the literature that describe Source Credibility Theory (SCT) and clinical credibility, together with a discussion regarding the various research investigations from different perspectives around the world to set the scene.

Chapter Two: Literature Review

2.1. Introduction

This chapter will critically explore the knowledge of clinical credibility of nurse teachers (clinical instructors and lecturers) and their efforts to maintain it. It begins with a clarification of how the literature search and review were conducted, and includes the design, strategy and criteria for selection of best evidence. This is followed by a review that was selected from the literature search. The research questions guiding this study were:

1. what does clinical instructor's credibility mean as it is described by the triad and How do they characterize it?
2. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of students?
3. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of clinical instructor's?
4. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of lecturers?
5. How do the triad construct clinical instructor's credibility?

This chapter is divided into three main sections. First of all, a comparison of the fundamental understanding of nurse education globally and in Iraqi Kurdistan is

offered as context for the subject to be studied. Next, follows an examination of the contemporaneous literature concerning clinical competence in nursing education. It is critical to realise that the terms clinical credibility and clinical competence are used inconsistently and interchangeably in some literature (Fisher, 2005; Morgan, 2012). Therefore, both will be examined. The last and third section is a review of the notion of clinical credibility among the nursing lecturers, instructors and students. The rationale of this literature review is to search existing literature to support the concept under discussion and the content of this research study. Subsequently it will identify gaps in published literature. Therefore, it is essential to first inspect how the credibility construct has been defined historically and the existing body of knowledge regarding teacher credibility, clinical instructor credibility, and stakeholder perspectives.

A literature review should evaluate the sources and advise the reader on the most pertinent or relevant research and address the main research gaps that exist in how the issue has been researched to date. Section two explains clinical credibility themes with characteristics that have been reported for making clinical instructor credible. These themes act as a base for the construction of a semi-structured interview questionnaire, as well as the formation of the initial template for data analysis.

2.2. Search Strategy:

For literature accessibility purposes during the literature search a framework was followed. This enabled the researcher to conduct research systematically rather than haphazardly. All (or most) potentially relevant articles have been retrieved by the search strategy. first to broaden the initial search strategy, making the search more sensitive, and then check if new relevant articles are found by comparing the set results. For developing an effective search strategy the framework developed by Kable, Pich and Maslin-Prothero (2012) was applied. This is a 12-step framework that can be used as a valuable tool for documenting a systematic review's employed search strategy. In addition, this framework also guides the researcher to consider all required aspects for locating relevant literature. Each of the twelve steps are now presents consecutively.

2.2.1. Purpose statement.

The topic that need to be addressed in the literature is clinical instructor's credibility. Therefore, the research questions, aims and objectives were guiding the review of literature. A review of the existing literature on students', clinical instructors' and educators' perceptions about the notion of clinical credibility was conducted. Special attention has been given to the high-quality evidence in the literature.

2.2.2 Document the databases or search engines used in search strategy

A search of the databases: CINAHL, Web of Science, Medline, Eric, ProQuest and Scopus was conducted for the purpose of locating published research about source credibility and water clinical teacher's credibility. These were key electronic research databases (as shown in table 2.1) to identify materials that describe the research topic (clinical credibility) or those homologous to it. These databases were confirmed by Cardwell et al. (2019)'s study. The initial searches were conducted in 2012 and have been periodically updated throughout the course of the study via various databases for nursing, medicine, education, physiology, businesses, public health, sport, communication studies and media. A Google scholar search was also conducted to identify any other relevant documents or reports published from seminar programs or conferences. The studies related to the issue are found on various databases, rather than in one specific location because the subject of credibility is covered in many fields. The first stage of a literature search is clearly stating systematic review objectives along with predefined eligibility criteria for studies, formulating a research question, searching the relevant literature, assessing the validity of the data and analysing them, as well as systematic presentation of the results (Holopainen et al., 2008). The databases specialized in research articles, original research and full text of highly systematic reviews for example CINAHL (Griffiths and Riddington, 2001). Furthermore in a study by Allen, Allison and Stevens (2006) on mapping the literature of nursing education they suggest these databases. They conclude that in nurse education studies, literature searches need to include CINAHL and PubMed/MEDLINE, as well as education and social sciences databases. Also, in order to complement works developed

for nurse educators, library collections need to include education and social sciences resources (Allen, Allison and Stevens, 2006).

Table (2.1) Databases and key terms used in the literature review

Key word	CINAHL	Web of Science	MEDLINE via EBSCO	Scoupus	ASSIA via ProQuest	ERIC
Source + credibility	157	3339	239	4160	230680	660
Teacher + credibility	19	346	16	499	45430	979
Clinical + credibility	142	1395	240	2950	36395	103
Clinical + instructors+ credibility	1	9	1	12	2782	7

2.2.3 Specify the search limits to the search

Some limits should apply to the search such as dates, language, human studies. The literature on teacher credibility and clinical credibility for clinical instructors published between 1992- 2018, was accessed. The search was limited to English language articles. To increase the likelihood of identifying all relevant studies, the reference lists of all retrieved articles were hand searched.

2.2.4 List the inclusion criteria and exclusion criteria for the search in order to avoid missing important studies and avoid including "false positive" search results.

The initial search in the databases yielded diverse articles. These were then filtered according to their relevance and quality (sifting procedure). They were checked by the reviewer for the title, keywords, abstract and finally the whole text of each of the gathered articles from the point of view of these two parameters (relevance and quality). It must be mentioned that during filtering the reviewer did not take into account the authors and the institution of the study. This has been done later when the researcher compared different nursing education programs. Relevance filtering was used as a first filtering strategy, during which the reviewer kept a high sensitivity and low specificity profile (Booth, 2016). Regarding a high sensitivity profile, the researcher included all articles that refer to any of the key words. Fulfilled inclusion criteria were automatically eligible for the researcher to do the second filtering process. Low specificity profile means that the relevance exclusion criteria were kept to the minimum. See appendix (A) for inclusion and exclusion criteria.

2.2.5 List the search terms used

In the primary search strategy, the following keywords: "credibility", "source credibility", "teacher", "clinical instructor", educator have been used. These search terms were used to search the databases with the article title, abstracts and body all

searched. In a systematic review study Cardwell et al. (2019) aimed to synthesise research about the clinical credibility concept. They meant to identify and explain how the 'clinical credibility' concept is being defined in the literature. In the search strategy Cardwell et al. (2019) employed a number of keywords: credibility*, credible, trust, trustworth*, competence*, clinic* nurs*, hospital, physician, health personnel. Later they combine keywords with the subject heading Health Personnel/ via the Boolean operator. Similarly, in this research study to narrow the focus of review, the key words were used individually, as well as in combination with each other as shown in the table (2.1). There are four main themes: source credibility, clinical credibility, teacher's credibility, and instructor's credibility.

2.2.6 Document the search process

The search was conducted sequentially using the search engines and search terms and results are documented in table 2.1.

2.2.7 Assess retrieved articles for relevance

The relevant literature was searched in the most common medical, nursing and educational fields. Article abstracts and summaries were reviewed to identify stakeholder perceptions, with an investigation of the population and the methodology used in the study. Furthermore, grey literature was also reviewed. Myška and Šavelka (2013) argued that grey literature is a wide range of documents and resources that cannot be found easily through searching conventional publishers; such as technical

reports, conference proceedings, governmental documents, websites, thesis and working papers. Myška and Šavelka (2013) state that, grey literature includes more detailed information, such as technical reports with detailed descriptions, diagrams and data sets that would never be published in traditional journals. In addition, compared to published research, grey literature tends to be more up to date as it is usually not subject to traditional and time-consuming pre-publishing processes. Therefore, it is central to include grey literature in literature searches as it limits the potential bias. For the purpose of this research study a number of nursing school websites were reviewed (such as nursing schools in the UK, USA, Iran and Jordan) for teaching models and curricula. Online governmental and organisational reports were searched also, even though, these sources have been widely criticised since they are not peer reviewed (Adams, Smart and Huff, 2016). In addition, the DMU library catalogue was searched to identify books and journals held at the university, necessary intercampus book requests were made, and photocopies of journal articles were ordered for journals not held at DMU. Non-accessible e-journals, photocopies of articles were ordered through the inter library loan requests from the British Library.

During this phase sifting procedure has been followed which include the following steps:

- In the first sift from the title, any unrelated articles were removed,
- The abstracts were read from the remaining materials, and then eligible studies (that guided by your research question and objectives) were acknowledged.

- If the article was judged relevant and eligible by the abstract, then the full text was read.
- All remaining articles after these filters were appraised (using CASP for example) and included in the review. Where a highly relevant article was located, the snowballing technique was used on its reference list to obtain more direct and specific literature (Higgins and Green, 2006).

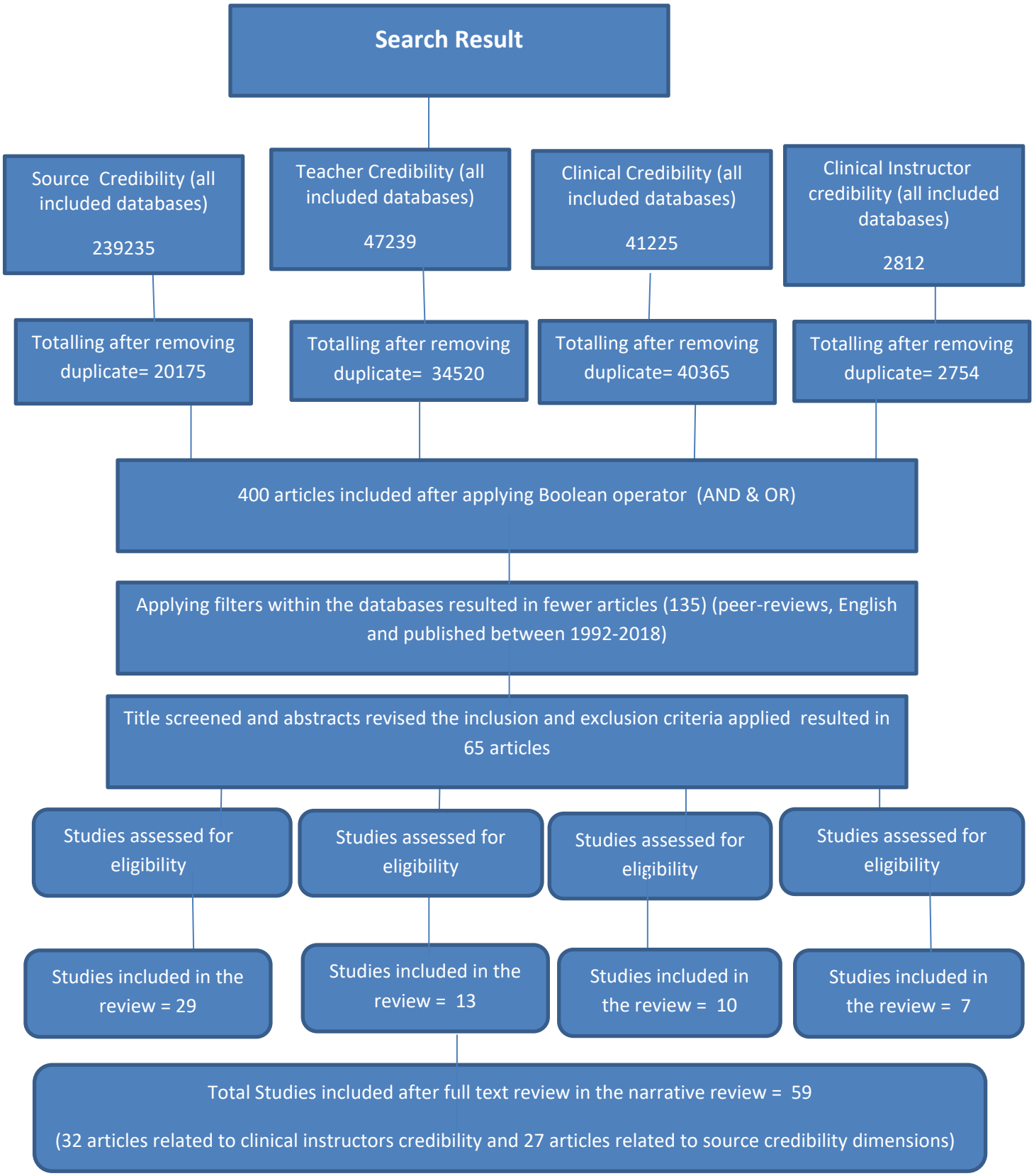
2.2.8 Document a summary table of included articles

Research articles that met the inclusion criteria have been selected and presented in figure (2.1) and documented in a summary table (Table 2.2) during the search to avoid duplication in search results. All selected articles were entered into a reference management database (RefWorks) including the search term and engine that located each article. All identified articles in the primary search were checked against the articles in the table (see appendix C) and duplicates were excluded during the search process. Throughout the searching process the table was completed and each article that met the inclusion criteria was summarised on table (in appendix C). Subsequently, during the quality appraisal process, some of articles were excluded.

2.2.9 Provide a statement specifying the number of retrieved articles at the end of the search process i.e. search results

The search of the selected databases produced nearly 135 full text articles relevant to teacher credibility. However, to narrow the scope of the review, inclusion and exclusion criteria, as stated in the previous paragraph, were used. This resulted in 59 papers which were used for reviews (Figure 2.1).

Figure (2.1) Flow diagram showing steps taken in selecting the articles for literature review



2.2.10 Quality appraisal of retrieved literature.

Due to the small number of hits from the original database search the final number of the studies included in this study was limited. Most research has limitations and weaknesses, and to identify the best, a careful critical appraisal of the strengths and limitations of the research is needed. An intellectual research critique is a careful, objective, critical and complete examination of the research to identify competences and inadequacies of the results (Gopee, 2000). Articles were investigated for quality using a standardized form examining the purpose, literature review, research design, population, data collection approach, data analysis and credibility of the results of each study (Creswell, 2009). In relation to quantitative studies, all articles of all levels of evidence were included. Critical Appraisal Skills Programme (CASP) tools were used as criteria for checking the quality of included articles see Appendix (B), as this has been recognised as a framework to follow while evaluating published research studies. The advantage of using CASP tools was to facilitate a systematic appraisal of the reliability of this research study as it pertains to the research question (Katrak et al., 2004 and Newton et al., 2012). For this reason, CASP questions were utilized to support an objective, reliable analysis of the research findings reported in the included articles (CASP, 2010). Furthermore, the cohort tool was used for quantitative research and the qualitative tool was used for qualitative research. However, mixed methods research has been appraised in two parts; the qualitative component in one paper and the quantitative component in another, therefore, the relevant tool was used to review each paper as two distinct publications. The standard template from CASP using 10

questions to assess qualitative articles and 12 questions to assess quantitative articles was employed. Special attention was paid to the hierarchy of the studies categorised from strong to weak. Thus, studies with higher hierarchical methodological quality were regarded as providing stronger evidence. The review was mostly focused on the journals that the reviewer had access to online and the largest number of reviewed papers was located in two journals, Nurse Education Today Education and Nursing Education in Practice.

2.2.11 Critical review of literature.

The critical review entailed the three processes of data extraction, analysis and Synthesis, these are all presented and discussed in following section (2.3, 2.4, 2.5 and 2.6). A thematic analysis approach (Mays et al., 2005) has been used to the synthesis the key issues identified from the narrative review of the literature three key themes were produced and are presented in the account below:

- Credibility in education;
- Credibility in nursing education
- Credibility dimensions.

2.2.12 Accurate complete reference list

An accurate number of articles that included in this study are listed in reference list.

2.3. Credibility and its roots:

The purpose of this study is to investigate the clinical instructor's credibility as perceived by the triad. Consequently, it is of great importance to first inspect how the credibility construct has been defined historically, and the existing body of knowledge regarding source credibility generally and teacher credibility in education specifically. This study examines teacher credibility in particular. The relevant literature informing this study is presented in the following sections and includes credibility and SCT, teacher credibility, clinical instructors' credibility, teacher and students' perspective in nursing and other disciplines. The following review of the literature demonstrates that the credibility of clinical instructors is an important construct which may positively increase instructors' effectiveness and advance students' learning. In addition, this review identifies the benefits of using different perspectives to explore clinical instructors' credibility.

From the time of Aristotle, the study of communication has focussed on the conceptualization, measurement, and impact of source credibility. According to Aristotle (n.d./1991) a speaker's credibility was instrumental in convincing their audience, and his theory still holds among communication scholars. The characteristics of a message source are significant, with most people only accepting information that comes to them from a source in which they trust. This variable of the role of the source in the effectiveness of communication, according to Berlo, Lemert, and Mertz (1969, p.

563), is known as “ethos, prestige, charisma, image, or, most frequently source credibility”, of the which credibility has inspired the most scholarly research. According to common belief, credibility is the ability to be believed; it is a personal quality that distinguishes those who are consistent, honest, sincere, and trustworthy. A highly credible source is commonly found to be more persuasive than a source with low credibility (Hovland and Weiss 1951: Pornpitakpan 2004). Source credibility, that is the credibility of the speaker or seller, is a significant area of research in persuasion and communication research; however, it is sometimes seen as purely a characteristic of the source (i.e., the speaker is credible). A message cannot be effectively evaluated by audiences if no information about the source is provided. For example, in journalism, scholars Metzger et al. (2003) claimed that the credibility of a media message may be influenced by non-source factors, such as the medium or channel of delivery and even the structure of the messages themselves. Credibility is a complex issue, due to its intuitive nature, and has been the focus of academic study since the time of the ancient Greeks. There are various definitions and conceptualizations of credibility (McCroskey and Young, 1981). Source credibility research has its roots in persuasion, originating with Aristotle who claimed that whatever the speaker said prior to a speech was of no importance to the actual speech; rather their reliability was established in the speech itself. Aristotle cited three aspects of persuasion: ethos, which is related to credibility; pathos, which is related to emotion; and logos which is related to logic (Larson 2012; Nussbaum, 1992). Emotion and logic describe a person’s emotional connection and means of reasoning that are used to convince the listener to accept a particular

argument. Cooper (1932) pointed out that from Aristotle's observation of ethos, this was known as source credibility, as the most powerful means of persuasion. Historically this construct has been explored in many fields, including communication, psychology information science, and marketing (Rieh and Danielson, 2007). However, source credibility in terms of marketing research has mainly focused on the issues which affect people's judgments of a salesperson or spokesperson's credibility.

As discussed earlier, researchers have investigated credibility in different fields using different perceptions, approaches and objectives, which has resulted in varied (but related) concepts such as authority, persuasion, quality, and trust being brought into the debate. These are sometimes considered to be connected to, or underlying dimensions of, credibility. Credibility refers to the individual's perception of the truthiness of a piece of information and is a phenomenon of communication (Eisend, 2006). Source credibility enables the receiver to evaluate the source of a particular message or information in a number of ways, thereby allowing them to make a global evaluation and attribute believability to the information source based on reality, truth and other dimensions of credibility (Hovland and Weiss 1951). Most of the studies that have attempted to examine source credibility were guided generally by empirical findings or different theories related to behaviourism in social psychology. They found that perception is strongly associated with changing attitudes and behavioural compliance (Pornpitakpan 2004). Depending on the purpose of a particular study, perception, attitude, behavioural compliance and behavioural intention, sometimes along with other factors, have been studied in different ways. For example, Ohanian

(1990) studied perceptions of celebrity endorsers' expertise and found that these perceptions significantly explained the participants' intentions to buy the advertised products. Similar factors were studied by Braunsberger (1996) who found that perceived expertise led to a positive attitude toward the advertisement and the endorser. Source credibility has also been studied in regard to behavioural compliance, with these studies finding that the use of a highly credible source leads to more behavioural compliance than a source with low credibility (e.g., Crano 1970; Crisci and Kassinove 1973; Levine et al. 1978; Ross 1973; Tybout 1978).

The role of perceptions of source credibility has also been examined in the online context, where it has been found to be influential in consumer behaviour (Shin, 2007). Educational studies from modern communication research have focused more on source credibility as they support the assumption that source credibility is a very important component in the communication process (McCroskey and Young, 1981). Propositions from SCT indicate that receivers are more likely to be persuaded when the message source is perceived as credible. Most research in communication studies is based on SCT that originated in the work of Hovland, Janis and Kelly (1953) and Hovland and Weiss (1951), who investigated communication and persuasion during and after World War II. Later, numerous studies investigated source credibility and its effect on persuasion (e.g., Andersen and Clevenger, 1963; Sikkink, 1956), and its dimensions (e.g., Applbaum and Anatol, 1973; Berlo, Lemert, and Mertz, 1969; Whitehead, 1968). The majority of these studies used quantitative techniques, for instance sociograms, linear rating scales, ranking, and semantic differential scales, and

looked at the overall credibility of the source. These studies employed factor analysis and reported several dimensions and specific characteristics associated with source credibility. The multidimensional concept of credibility is related to various communication sources and can help to improve the source's credibility.

Credibility is a multi-dimensional measurement tool that can be used by the information receiver to assess the source of the information contained in a communication, and their conclusion as to the truth and substance is directly linked to that tool (Hovland et al., 1953, p.21). Credibility, as a communication phenomenon, is directly related to information source. Communication requires at least two parties, a source and a receiver. In student-teacher communication, the teacher is generally the source of the information and the students are receivers. As credibility is considered to be a multi-dimensional concept, previous studies have tried to discover multi-item measurement tool. The studies shown in Table 2.2 investigated its dimensions using different methods, such as explorative factor analysis to identify credibility dimensions. The participants in these studies were given semantic differential items and asked to rate the credibility of their sources. By applying the items and the resulting data which were then combined by means of factor analysis. The factors were then interpreted as credibility dimensions. This process is known as the factor model of credibility. Previous studies on factor model of credibility have determined many dimensions of source credibility. Table 2.2 presents a summary of the major studies that have been conducted on source credibility. Researchers in these studies have used measurement scales ranging from 5 to 15 scale points.

Table (2.2) outline factor model of source credibility in previous studies

Previous factor model studies of source credibility				
No.	**Study**	**Concept specification**	**Dimensions**	**Labels/dimensions**
1.	Ayeh et al. (2013)	credibility in trip-advisor content	2	Trustworthiness; Expertise
2.	Baudhuin and Davis 1972	Ethos	4	Authoritativeness; Esteem; Interpersonal Attractiveness; Personal integrity
3.	Berlo, Lemert, and Mertz 1969	source credibility	3	Dynamism; Qualification; Safety
4.	Bergh et al., 1981	advertiser credibility	7	Competence; Competitiveness; Familiarity; Likeability/attractiveness; Prestige; Taste/progressive/fulfilling; Trustworthiness
5.	Bowers and Phillips 1967	source credibility	2	Competence; Trustworthiness
6.	Corina (2006)	credibility in online social	3	Trustworthiness; Expertise; Attractiveness
7.	Deimling et al. 1993	'Glaubwürdigkeit von Fernsehanstalten'	2	"information quality" and "ethics"
8.	(Eisend 2006)	salesperson credibility	3	Trustworthiness; Competence; Attraction
9.	(Eisend 2006)	company credibility	3	Trustworthiness; Competence; Dynamism
10.	(Eisend 2006)	spokesperson credibility	3	Sincerity; Professionalism; Attraction
11.	Falcione 1974	source credibility	4	Competence; Emotional stability; Extroversion; Safety
12.	Gaziano and McGrath 1986 media credibility	Media credibility	1	Credibility
13.	Lee 1978	(inter)national newspaper news credibility	4	Expertness; Intimacy; Availability Trustworthiness
14.	Lee 1978	(inter)national TV news credibility	3	Believability/honesty; Dynamism; Intimacy
15.	Lee 1978	local/state newspaper news credibility	4	Bias; Dynamism; Intimacy; Trustworthiness/authenticity

16.	Lee 1978	local/state TV news credibility	3	Dynamism/expertness; Immediacy-intimacy; Trustworthiness/ authenticity
17.	Markham 1968	television newscasters credibility	3 (major)	Reliable/logical factor; Dynamism Trustworthiness
18.	McCain et al. 1977	televised source credibility	4	Character; Competence; Composure; Sociability
19.	McCroskey 1966	Ethos	2	Authoritativeness; Character
20.	McCroskey et al. 1974	teacher credibility	5	Character; Competence; Composure; Extroversion; Sociability
21.	McCroskey and Jenson 1975	mass media news source image	5	Character; Competence; Composure; Extroversion; Sociability
22.	Meyer 1988	credibility of newspapers	2	Affiliation w. t. community; Believability
23.	Mosier and Ahlgren 1981	Information presentation credibility	4	Accuracy; Believability; Clarity; Trustworthiness
24.	Newell 1993 Goldsmith et al. 1999 Newell and Goldsmith 2001	Corporate credibility	2	Believability/honesty; Expertise
25.	Ohanian 1990	Celebrity endorsers' credibility	3	Attractiveness; Expertise; Trustworthiness
26.	Raman and Haley 1997	organizational source credibility	3	Good dimension; Role model dimension; Smart dimension
27.	Salwen 1987	credibility of newspaper opinion polls	4	Clarity; Expertise; Objectivity; Trustworthiness
28.	Simpson and Kahler 1980/81	source credibility in the selling context	4	Believability; Dynamism; Expertness; Sociability
29.	Singletary 1976	news source credibility	6	Articulation; Attraction; Hostility; Knowledge ability; Stability; Trustworthiness
30.	Tuppen 1974	communicator credibility	5	Charisma; Co-orientation; Dynamism; Expertise; Trustworthiness
31.	White 1990	newscaster credibility	6	Attraction; Dynamism; Objectivity; Presentation; Stability; Trustworthiness
32.	Whitehead 1968	source credibility	4	Competence; Dynamism; Objectivity; Trustworthiness

The dimensions identified in table 2.2 are related to competence and trustworthiness. These two aspects of credibility were highlighted in early source credibility research carried out by Hovland et al. (1953) and Hovland and Weiss (1951). Other aspects which regularly recurred were related to features of presentation style or the appearance of the source such as role model dimension, presentation, dynamism, attractiveness. The vast number and variability of the dimensions already indicates some procedural problems. Such problems could relate to the methods used to generate, select, then order items, as well as the way in which factor analysis and factor interpretation are undertaken. In relation to the process of item generation one criticism, in terms of credibility theory in the existing literature, is the lack of items (McCroskey and Young, 1981; Meyer, 1988).

Furthermore, it is also possible that the source's image may be linked, in respondents' minds, to the credibility of that source (Delia, 1976; Haley, 1996). Factor models may produce false or unsound factors or affect the outcome of the factor loadings, if the researchers are able to determine, a priori, the possible factors through their selection of items (Meyer, 1988; Schweitzer, 1969). Using similar items for the different dimensions means that the factors may not be independent. Thus, factor analysis procedures assuming orthogonal factors are often unsuitable. Another criticism is related to the interpretation of factors, with different terms having been used by researchers such as Wanzenried and Powell (1993) to label dimensions with the focus on matching items, for example "trustworthiness" and "character". Thus,

methodological issues are the cause of more unsatisfactory results in factor model studies than other issues (e.g., communication situation or topic; cf. Applbaum and Anatol, 1973, 1972; Baudhuin and Davis, 1972; Burgoon 1976; Liska 1978; Powell and Wanzenried, 1995, 1992, 1991; Schweitzer and Ginsburg, 1966; Scott and Landry, 1982). The main problem faced by those wishing to research credibility in general, and teacher credibility in particular, has been the lack of clarity between academic researchers in the definition of terms and a clear method of measuring credibility at different levels.

2.4. Credibility in Education:

The focus of this study is to shed light on the concept of credibility in education. Teacher credibility, i.e. the degree to which students are able to believe the ideas and information imparted to them by their teacher, has long been of interest to communication scholars (Banfield, Richmond and McCroskey, 2006). The following review of the literature demonstrates the importance of the teacher credibility construct which may positively increase teacher effectiveness and improve student learning. As stated before, the concept of credibility is rooted in Aristotle's ethos, more precisely in his theory of source credibility (Umeogu, 2012). According to Wanzer and McCroskey (1998) credibility is the degree to which a person is believable to his/her audience. In other words, the extent to which a message can be believable to receivers "is dependent on the credibility status of the sender in the minds and the eyes of the

receivers" (Umeogu, 2012, p. 112). The most critical element of persuasive strategy is the speaker's credibility; therefore, it is of great importance to better understand how students assign credibility to their teachers.

Formerly, a teacher who was adequately prepared to deliver course content was observed as a credible instructor. In the early 19th century, teacher training involved spending two years in training school (also called normal school) or taking summer school courses from a nearby university (Herbst, 1996). Even at that time teachers felt it necessary to undertake further studies to be credible; thus, in 1839 the first teacher institute was introduced. This institute was in Hartford, Connecticut, under the direction of Henry Bernard, who arranged classes for 26 men for the duration of six weeks. Today most instructors attend higher education institutions in order to meet demanding state and national accreditation standards so that they can demonstrate acceptable or typical knowledge in their subject area. In addition to this, as they are expected to receive and assess students' assignments online, as well as to record their marks and test results, they need to have a high level of computer literacy. Credible instructors tend to improve their students' motivation and have a positive effect on their students learning; therefore, it is important for school leaders to be able to vouch for their teachers' credibility when students fail to attain the expected level of success. Aristotle defined credibility (or ethos) as a receiver's perception of a speaker's intelligence, character and goodwill (Cooper, 1932), and claimed that credibility is the speaker's most powerful tool in persuading an audience. Since then, source credibility

has been defined in many different ways. During the twentieth century, numerous labels were suggested and have become influential in defining credibility: goodwill, dynamism, expertise, composure, sociability, emotional stability, and trustworthiness (Myers and Martin, 2006). Communication scholars would agree that teacher credibility is a significant form of course credibility that needs particular attention. Over the last 35 years, there has been steady progress in the measurement of teacher credibility. Research into the construct of teacher credibility began in 1974 after Speech Teacher published an article written by McCroskey, Holdridge, and Toomb. Previously, most source credibility studies had focused solely on the perception of the credibility of public figures. McCroskey aimed to develop a source credibility scale which would measure students' perspectives of their teachers. As a result, five aspects of teacher credibility were highlighted: competence (knowledge of subject matter); extroversion (being outgoing); character (trustworthiness); composure (emotional control), and sociability (warmth and friendliness) (McCroskey, 1992).

In a study published in the Central States Speech Journal in 1981, McCroskey and Young questioned McCroskey, Holdridge, and Toomb's (1974) use of instruments which they considered unsuitable for measuring source credibility in order to identify source credibility dimensions. McCroskey and Young aimed to categorise those dimensions of source credibility that was most relevant to the theoretical research on source credibility. They claimed that competence and character were the only two practicable aspects of source credibility as they alone conformed to the theory expounded in the

source credibility literature. McCroskey and Teven (1999) described credible teachers as having competence and character and being caring. Furthermore, according to McCroskey (1998), credibility is the receiver's perception of the level to which the source can be considered to be plausible. Even if a teacher engages in communication behaviours which they consider show competence, character, and caring, they will only be viewed as credible if their students perceive and respond to their behaviours accordingly. Therefore, according to Hurt, Scott and McCroskey (1977) teacher credibility is a perception on the part of the student rather than a reality, which can have significant implications as teacher credibility and student satisfaction are seen to be directly linked (Teven and Herring, 2005). Furthermore, course ratings, teacher appraisals, and students' decisions to take further courses taught by the same teacher can be influenced by teacher credibility (Kearney, 1994). In addition, students tend to perform better academically when they consider their teachers to be credible (Frymier and Thompson, 1992; Martin, Chesebro, and Mottet, 1997). They are also better able to recall course information (Wheeless, 1975), and show improved affective and cognitive learning (Johnson and Miller, 2002; Russ, Simonds, and Hunt, 2002; Teven and McCroskey, 1997).

Moreover, students show more respect for teachers they consider to be credible (Martinez-Egger and Powers, 2002). According to Teven and McCroskey (1997) credible teachers are more highly evaluated by their students, and Myers (2004) found that students who considered their teachers to be more credible were more likely to

contribute to class discussions. Students would also recommend credible teachers to others (Nadler and Nadler, 2001).

As stated earlier, teacher credibility like any other source credibility consists of three main dimensions; competence, character, and caring (Teven and McCroskey, 1997). Teacher competence is related to his/her knowledge or expertise in a subject area (McCroskey, 1998); instructor character (goodness) refers to their honesty and trustworthiness; while teacher caring is expressed by their interest in students' welfare or situation. A teacher may show one or two of these traits, however the best, most respected and effective instructors show all three (McCroskey, 1998). Various studies have prioritized teacher qualities differently; however, most consider teacher credibility to be the most important attribute in facilitating students' learning. For example, "Teacher credibility plays a key role in facilitating successful teacher-student interactions, and ultimately, classroom learning" (Finn et al., 2009, p. 530). Teacher credibility is core component in establishing student trust and a caring relationship between students and teachers. Perception of students regarding their teachers has great importance and possible consequences. According to Johnson and Miller (2002) students who view their teachers as incompetent will not consider them to be credible.

Teachers who demonstrate effective teaching skills tend to be perceived as having credibility. Those who exemplify all three dimensions of credibility, competence, character, and/or caring, are perceived to show a diverseness of effective educational

communication behaviours such as reasoning, empathy, verbal and nonverbal immediacy, and assertiveness and responsiveness. Teacher credibility has a strong effect on student learning. Additionally, credible teachers are generally low in verbal aggressiveness and less likely to use behaviours that negatively affect students' learning. McCroskey (1998) argue that instructor competence centres on their students' perceptions of their expertise, whereas instructor character and caring are based on the way in which students view their instructors' interpersonal skills. For example, if the teacher shares information in an effective way and has credibility, students are more likely to feel connected to what they are being taught and retain the information better. This has been proved by several studies. which show that when instructors demonstrate positive character qualities (i.e., virtue, kindness, goodness) and caring (i.e., understanding, responsive, empathetic), students report a greater likelihood of communicating with them. However, many factors have the potential to either diminish or enhance teacher credibility including, for example, their nonverbal immediacy (e.g., Santilli, Miller and Katt (2011), use of technology (Finn and Ledbetter, 2013), self-disclosure (e.g., Rahimi and Askari Bigdeli, 2016), and discipline in the classroom (Rahimi and Hosseini Karkami, 2015). A study by Santilli, Miller and Katt (2011) in the U.S. and Brazil, examined the association between teachers' nonverbal immediacy and credibility. Its findings proposed that an instructor's nonverbal immediacy is positively linked to all three key dimensions of source credibility among American students, but only positively related to competence and caring among Brazilian students. Similarly, another study examined the relationship between

teachers' nonverbal behaviour and teacher credibility by Beatty and Behnke (1980). They found that by being consistent in their verbal and nonverbal messages, teachers are able to improve their credibility. Another study by Thweatt and McCrosky (1998) explored the impacts of instructors' misbehaviour and teacher immediacy on key credibility dimensions (competence, trustworthiness and caring). Their findings showed that teacher immediacy has significant positive effects on all three credibility dimensions, whereas instructors' misbehaviour can have negative effects on them.

To conclude, teacher credibility is considered essential for the learning environment and it is crucial that prospective and current teachers and administrators understand the universal role it plays in teacher-student interaction. Relying on the three-dimensional conceptualization of credibility, instructional scholars have investigated teacher behaviours which are thought to enhance credibility, as well as the improvement of student outcomes when an instructor establishes his or her credibility in the classroom (Finn et al., 2009). Although many studies have focused on the importance of teacher credibility, there is no baseline for what constitutes perceived credibility for an effective teacher. McCroskey et al. (2004), McCroskey and Teven (1999), Teven and McCroskey (1997), and Schrodt, Turman and Soliz (2006) suggest the use of the three-dimensional credibility scale to put teacher credibility in place. They also recommend that further research should be carried out to examine teacher credibility in diverse educational environments and with different age groups. No studies so far have examined teacher credibility in Iraq. Obviously, further research on

instructor credibility is required in order to fully explicate the role of this important construct in the instructional communication process. Myers and Martin (2006) conclude that ''it is essential for prospective teachers, educators, and administrators to grasp an understanding of the pervasive role teacher credibility plays in the classroom'' (p. 68). Most of the previous educational studies have focused largely on teacher credibility and effectiveness in the formal classroom. These include, for example, Russ, Simonds and Hunt (2002); Clune (2009); Banfield, Richmond and McCroskey (2006); Myers and Brann (2009); Finn et al., (2009). Whereas, relatively little research has focused on out-of-class teacher credibility, particularly in the nursing profession, although that which has been conducted consistently supports the importance of maintaining teacher credibility. It is clear that clinical teaching is at the centre of the learning process for nursing students, and clinical instructors play a significant role in the effectiveness of this process.

In all the aforementioned studies, teacher credibility was considered by trainees to be a significant attribute of effective and good teachers. Therefore, it is important to investigate teacher credibility in clinical practice education. Furthermore, focus on triad perceptions is an important part of the process and would offer useful information, since exploring only students' or teachers' perceptions may provide only part of the picture. In addition, there is uncertainty about different stakeholders' perceptions of instructor credibility.

Thus, this study advances the following questions:

1. What does clinical instructor credibility mean as described by the triad and how do they characterize it?
2. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of students?
3. What personal attributes, behaviour and teaching skills make clinical instructors credible in the eyes of clinical instructors?
4. What personal attributes, behaviour and teaching skills make clinical instructors credible in the eyes of lecturers?
5. How do the triad construct clinical instructor's credibility?

2.5. Credibility in Nursing Education (Nurse Clinical Instructors Credibility):

Students may prefer one teacher to another. Academically, teachers who perform better in a classroom are considered to be much more credible. Teven (2001) has been claimed that one way to predict students' academic performance is to check their perceptions of their teacher credibility. Similarly, Russ, Simonds, and Hunt (2002) argued that teacher's credibility can have a significant impact on students' overall

academic performance, classroom dynamics, and communication. As Finn et al. (2009) noted, collectively, the instructor credibility literature supports Thweatt and McCroskey's (1998) claim that ''the higher the credibility, the higher the learning'' (p. 349).

In health and health-related disciplines such as nursing, clinical teaching has always been regarded as a dynamic process, which means that it takes place in a variety of sociocultural contexts (Nahas, Nour and Al-Nobani, 1999 and Madhavanprabhakaran et al., 2013). Clinical instructors have a vital role in leading this learning process as well as in preparing credible professional nurses. In the Iraqi Kurdistan all clinical instructors are newly graduated nurses who often have a bachelor's degree in nursing, along with one year of experience as a practice nurse. Having had experience of working as a lecturer in nurse education in Kurdistan it could be said that clinical instructors have insufficient practice in clinical teaching and they lack knowledge in academic research, either in basic science or clinical research. This raises a number of issues concerning theoretical as well as practical teaching. One of the crucial concerns in clinical education is the notion of the clinical credibility of clinical instructors at degree level. This issue has been well debated in the literature (Fisher, 2005; Ousey and Gallagher, 2010; Marshall, West and Aitkin, 2013). As stated earlier, with the transmission of nurse education to tertiary institutions there is concern around lecturers' clinical credibility. As such, it could be anticipated that in respect to clinical credibility other health professionals and teaching members could face the same

problem. With this in mind clinical instructors have to consider the issue of how to achieve and maintain their clinical credibility.

Consequently, clinical teachers must aim for the ideal balance between practical awareness and theoretical teaching in order to achieve some form of clinical credibility. Studies have shown that clinical learning is a significant part in nursing education, and clinical instructors have a vital role in leading this process (Ismail, Aboushady and Eswi, 2016; Slater, Hasson and Shivers, 2017). According to Fisher (2005) the term 'credibility' is an indistinct concept and is hard to define. Credibility means

> "Worthy of belief or confidence; trustworthy, reliable" (Oxford English Dictionary, 2010, p. 409).

Furthermore, Slevin (1993) has stated that credibility in nurse education has four dimensions, namely: teaching, academic, knowledge and practical credibility. However in the nursing profession, clinical credibility can be defined as having up-to-date theoretical knowledge as well as maintaining some basic skills based on research knowledge (Fawcett and McQueen 1994; Marshall, West and Aitkin, 2013). To further support this, Nahas (2000) and Ousey and Gallagher (2010) labelled clinical credibility as being up to date with theoretical knowledge while still keeping clinical skills competence. In other words, a high degree of clinical credibility can be attained through positive connections between theory and practice. Interpretations within the literature have defined credibility as being knowledgeable and experienced of the clinical skills and being able to direct patient care (Fisher, 2005).

The proverbial analyses surrounding the concept of clinical teacher credibility has become a preoccupation in the field of nursing (Ousey and Gallagher, 2010; Marshall, West and Aitken, 2013). It is not considered as a coincidental phenomenon that occurs alongside the cessation of training. However, it is associated with the reassignment of responsibility for the education of nurses. A debate has been seen over the last years showing that the focus of nurse teachers is less on maintaining clinical credibility and more on establishing strong relationships between different areas, for instance academic and service areas (Gillespie and McFetridge, 2006; Ousey and Gallagher, 2010). According to them, partnerships are expected to assist in quality progress of nursing education within a strong and diverse profession.

While, agreeing to this notion in so far that clinical credibility is a term hard to define. Regardless of this fact, areas such as teaching credibility, knowledge credibility, clinical credibility and academic credibility, must be addressed (Slevin, 1993; Marshall, West and Aitkin, 2013). The required level of teacher credibility is questionable in each of the four credibility dimensions as stated above. In addition, credibility must be regarded in terms of how credible the teachers are in the eyes of those whom they serve; students, clinical teachers themselves, lecturers and clinical staff. For instance, in order to be a credible teacher how much knowledge and also what type of knowledge should they have. Slevin (1993) is very clear in his message that everyone should be conscious of their clients (whom they serve) and their needs. Therefore, nurse teachers should be

aware of the world of nursing requirements, and also contemplate their future academic role in terms of credibility.

A study by Collington et al. (2012) used survey, case study and prospective diary data collection to explore the role of midwife lecturers as to whether they bring an exclusive contribution to the preregistration midwifery education outcomes. Collington et al. (2012) particularly aimed to identify which lecturer's roles are significantly affects student learning and capability as midwives and offer the superlative support for clinical teachers. The results from the Collington et al's. (2012) study showed that in spite of the importance of clinical credibility the way of maintaining it remains problematic and questionable, confirming other researchers' findings on this subject. Lecturers are unable to spend a personal time in clinical practice to improve their clinical skills due to their increased workloads such as administrative or management responsibilities and research. The wide dispersion and diversity of clinical practice had affected their ability to maintain clinical credibility.

McSharry et al. (2010) conducted a qualitative study to examine the perceptions of nurse lecturers, preceptors, clinical nurse managers, clinical placement co-ordinators and students about nurse lecturers' role in clinical practice. In this study they follow a purposive sampling strategy to generate the sample for five in-depth focus group interviews with the main participants and they utilised a thematic analysis approach to analyse the data. McSharry et al. (2010) concluded that there is no clear definition for clinical credibility as well as clinical competence and determined that there is no

agreement between stakeholder groups in regard to the best practice to maintain clinical credibility. Some participants felt that spending personal time in the clinical practice without supporting students is crucial to achieve and maintain clinical credibility. Therefore, it is time for the higher education authorities in Iraqi Kurdistan to revise their nursing education strategy at governmental and professional levels. Additionally, there should be a nationwide framework that encompasses a clinical instructor role where the expertise and credibility can be attained (McSharry et al. 2010). Since 2010 the Kurdish government started to offer scholarships for clinical instructors to complete post graduate courses in internationally distinguished universities. This program provides the most advanced scientific and technological knowledge for clinical instructors that provide support and enhance a greater economy and a glowing future for Iraqi Kurdistan Region.

The above mentioned studies by McSharry et al. (2010) and Collington et al. (2012) were primarily aimed to explore different stakeholders' perceptions and they considered a wide range of data collection methods to reflect the nurse and midwife lecturer role. As a result, it is of great importance to include multi-method strategy to obtain a significant data from the triad in this research study for developing new hypotheses subsequently most fruitful results can be achieved.

Nahas and Yam (2001) undertook a descriptive design study involving 189 undergraduate nursing students in Hong Kong using clinical teacher characteristic instruments (CTCI) to explore their perceptions of an effective clinical teacher. The

findings from this study went further by clearly illustrating that whatever the definition of credibility is, some form of hands on care is required by the nurse teacher in the clinical setting. In addition, it is fairly important to identify the two way dimension of maintaining clinical credibility. This study was purely descriptive and was examining a single perception (students only). In addition, the data collected from only one university so that the generalisability is questionable. It seems that when exploring a concept like clinical credibility we need to examine the assumptions in more detail, qualitative or mixed method research and more than one perspective should be examined. However, Nahas, Nour and Al-Nobani (1999) conducted a descriptive study including a convenient sample of 452 Jordanian undergraduate nursing students with a self-reporting questionnaire. The result from this study which conducted in Jordan showed that the nurse teachers should ensure that clinical currency is based on theory and research, and also theoretical teaching is linked to clinical currency. Cave (1994) confirms that teachers must be clinically aware and practitioners must be educationally aware. Therefore, nurse lecturers have to be more conscious than ever of the clinical practice skills that might affect the application of the theory in classroom teaching. Similar to Nahas, Nour and Al-Nobani, Cave's study also sought to explore students' views on effective clinical teacher characteristics but in a different geographical region and different time periods. This means that replication of these studies is required in different time and geographical region to provide a greater validity and generalisability.

Certainly, for the development of the nursing profession, credible preceptors are needed, as credible clinical instructors have no standardized model to follow in teaching (Maslin-Prothero and Owen, 2001). Instead they create their unique style based on their personal requirements and their institutional needs (Fisher, 2005). This leads to issues in the late 1990s such as the one shown in a UKCC report (1999) stating that service managers and staff assume that lecturers in the UK, for example, lack in up to date knowledge and clinical credibility. Accordingly, findings from a study by Collington et al. (2012) showed that lecturers must involve in hands on practice on a continuous basis besides being effective theoretical lecturers. Participants from this study claimed that this is becoming more difficult in some universities due to increased workforce. The report also concludes that in order to achieve and maintain clinical credibility lecturers require regular access to clinical practice.

The UKCC (2000) the NMC now cited the Scottish National Board (1998) report that:

> ***"It is essential that teachers not only have knowledge, teaching and academic credibility but also clinical credibility in respect of their capacity to teach the art and science of nursing". (p. 48)***

More recently a study by Omisakin (2016) proposed that nurse teachers are required to have a valid licence to practice and expected to spend a proportion of their time in the clinical setting in order to empower competence in the clinical practice.

In a qualitative study by de Guzman et al. (2007) twenty-two senior nursing students' points of view were explored. Three themes were identified, namely; credibility as an image building activity; credibility as a work in progress; and credibility as an influencing agent. This means that the role of credible clinical instructors is not only supporting the students in the clinical setting but also, one of the vital dimensions of clinical instructors' credibility is the establishment of a trust relationship with students and colleagues. Therefore, generally speaking, students' expectations about clinical credibility are mostly focused on interpersonal communication rather than being theoretically or clinically expert. The better the instructor-student relationship, the more credible the clinical instructor.

Overall, from the students' perspective it can be concluded that the "emotional" side plays a more significant role when defining clinical credibility. Unfortunately, in this study de Guzman et al. (2007) explored only a single perception; this is the limitation of this study. However, to explore clinical credibility in nurse education further exploration in different perceptions is needed in order to provide a comprehensive picture of the issue. Among nursing students, clinical instructors and professional nurses, the concept of being credible in a clinical setting is incomprehensible (Fisher, 2005). It has been claimed that extra time is required from lecturers in the clinical area to enhance their clinical credibility. According to Maslin-Prothero and Owen (2001) the majority of nurse lecturers in the UK were spend less than 20% of their actual time in the clinical setting involved in practice and much more time on theoretical teaching, research and office work. As a consequence of no agreed definition for clinical

credibility in the literature, there is a lack of a clear framework for maintaining it, perceptions on how it could be achieved differ (Collington et al., 2012). What this means is that, with theoretical knowledge through weekly class based tutorials that are taught by nurse lecturers, they must be to some extent practically active. As a result, they will maintain a connection between a "real world" setting and classroom teaching by doing what they are taught; thus nurse educators would attain credibility with students, themselves and colleagues.

Smith (2005) stated that clinically credible nurses are highly valued by their colleagues and physicians, even though they do not describe features of "clinical credibility". A descriptive exploratory study was conducted by Smith (2005) to define the constellation of traits that constitute the clinical credibility concept in registered nurses from the viewpoint of registered nurses themselves. Smith used criterion sampling to select participants for focus group interview. Findings from this study suggest work ethic, expertise, and character as clinical credibility attributes. Specific limitation noted in smith's study as men nurses elected not to participate in the study. Male and female nurse perceptions are required to be explored to rule out the possibility of the gender differences. Here again, more perceptions are required to be examined to identify in detail attributes of clinical credibility. The expression "one of the good nurses" is used by the nurses and physicians and other healthcare staff to describe the clinically credible nurses in the field (Smith, 2005). This suggests that exploring clinical credibility attributes within a nursing context will assist to identify and label the credibility concepts within healthcare.

Over the past few years nursing clinical credibility was a complex concept that is rarely mentioned in the clinical setting (Gaberson and Oermann, 2010). Clinical credibility can only be implicitly understood by nurses. That is why the role of nurse teachers is being changed in the contemporary clinical practices (Maxwell, Black and Baillie, 2014). Governments, educational authorities and professional associations are focusing on the recruitment of those nurse educators who have both practical and recent experience in the field and many students also believe in the importance of being clinically credible, however, this is something that cannot be achieved easily (Nahas, 2000). There are a lot of different sources of information available for post registered nurse students to support them in making rational clinical decisions (Epp, 2008). Determining the best information to assist these decisions is a difficult challenge that cannot be completed by a nurse teacher, who has the sources, training, and experiences. Ironically, the clinical credibility of a nurse teacher is mainly influenced by some significant factors or themes such as evidenced-based knowledge, current practice and visibility that bring the success for both the teachers as well as students to the clinical practices.

In an attempt to fully clarify the meaning that is linked to the terms “clinical competence” and “clinical credibility”, Goorapah (1997) conducted a small scale survey study with twenty participants in semi-structured interviews on nurse teachers’ perceptions of these two concepts. In order to provide a balance of views, Goorapah (1997) also obtained senior nurse clinicians' opinions on the subject. Findings from this study indicated that competence was described more confidently while they were unable to define credibility clearly. The study also demonstrated that clinical

competence and clinical credibility were not distinguished by participants as two entirely different concepts. It would appear that competence is entirely linked to clinical performance; however, credibility is achieved via performing clinical capability directly based on up-to-date knowledge. Thus, for clinical credibility there is a strong link between theoretical knowledge and practical performance. The study did not result in a clear definition of clinical credibility. It is therefore clear that Goorapah (1997), like many of his peers, found out that clinical credibility is hard to define. However, because of the lack of clear distinction it is all the more vital to explore this, because it is believed that credibility enhances the effectiveness of teaching (McSharry et al., 2010). Therefore, it is also necessary to consider competence as a component of credibility, because they are not equally valuable terms.

In a qualitative inductive study using individual interviews following focus group interviews Fisher (2005) revealed that when description is present, clinical credibility is attached to the ability to apply theory in practice based on the students' and lecturers' perceptions. This study was not proposed to offer a clear definition of clinical credibility; however, what it does do is provide the following application of thematic content analysis. It seems that both Fisher (2005) and Goorapah (1997) prefer to use a qualitative approach, as clinical credibility is a complex concept. While Goorapah (1997) was taking the lecturer and clinician perspectives, Fisher (2005) was examining students and lecturer perceptions. It is of a great importance to establish nurse educator's feelings and values from a nationwide perspective. Therefore, future

research should replicate these findings in more natural settings with different stakeholders' perceptions.

Fisher (2005) concluded five emerged themes from their data. The themes are the following;

- "clinical currency and awareness"
- "hands on care"
- "being visible in clinical areas"
- "transferability of skills"
- "role development".

In Fisher's (2005) study it demonstrated that achieving clinical credibility is of great importance and that nurse educators have to engage in hands on care in the clinical setting. However, this fails to offer a full description of the clinical credibility concept and it concludes that there is no contextual guidance on how clinical credibility should be achieved (Collington et al., 2012). Taking this into account, the emerged themes from Fisher's (2005) study will form the basis for data analysis in this research study (See Chapter four). Ismail, Aboushady and Eswi, (2016) claimed that there is also a need to look at exploring students' perspectives on clinical credibility: in the teaching/learning process it is evident that primarily student's ratings can be valid and reliable on judging their instructors' effectiveness and capability of showing expertise in theoretical and practical domains. Similarly, Graham (1995)'s study stressed on the importance of

examining student's perspective. Graham (1995) declared that in a business model student can be viewed as customers who must be satisfied.

In another attempt to identify attributes of clinical credibility a descriptive exploratory study was carried out by Smith (2005). Smith conducted a focus group consisting of 23 female registered nurses working in the intensive care unit and non-intensive acute nursing units. The findings from the initial analysis of this study showed that participants identified work ethic, expertise, and character as clinical credibility attributes. However, since the sample of this study was from a completely female nurse perspective, we cannot know if the attributes of clinical credibility might be different from a male point of view. In the field of the nursing profession Smith's (2005) study also exposed that the theme of work ethics is significantly related to nurse credibility. However, studies exploring the concept of credibility in disciplines outside the nursing professions discovered that credibility is often linked to trustworthiness and expertise. In other words, this study offers an alternative definition to clinical credibility in the nursing profession, namely that credibility is based more on personal characteristics, such as work ethics and individual character.

To some extent this might apply to clinical instructors' credibility, meaning that personal characteristics of the nurse teacher can be regarded as a determinant of credibility. To draw a comparison from the related profession of midwifery Porteous (2008) conducted a systematic review study to explore the clinical practice role for midwifery educators. Porteous (2008) stated that most studies carried out to date show

that midwifery and nurse educators must maintain up to date knowledge. Therefore, being visible in the clinical area for a specific amount of time is significant in maintaining teachers' credibility. However, to date, research to examine nurse clinical instructors is relatively limited. Most of these studies are relatively small-scale research, and in some cases methodologically weak and incorporate little evidence of students' perspectives.

2.6. Credibility Dimensions:

According to Tseng and Fogg (1999) credibility is a complex concept that is compounded of other concepts called dimensions. Many factors can influence the perceived credibility of a source, based on the type of source, the type of persuasion and the characteristics of the medium (Metzger et al., 2003). Source credibility is a multiple-dimension construct, which comprised at least trustworthiness, and qualification (or expertise/competence). In addition, some researchers recommended source credibility should also include "dynamism" (Berlo, Lemert, and Mertz, 1969), "attractiveness" (Ohanian, 1990), and "goodwill" (McCroskey and Teven, 1999). The identified dimensions of credibility can function as clues for the enhancement of a source's credibility. This is of particular interest in education since teacher's credibility has an impact on students' attitudes, intentions, and behaviours. The next section

presents clinical credibility attributes derived from the literature review. These themes were followed to generate the initial data coding framework in the data analysis phase (see Chapter Four). For the purpose of the theoretical framework of this study it is important to start with exploring the emerged themes from the literature review that will be a base for the next chapters. Specifically, the discussion chapter. The main themes that emerged from the literature review will now be discussed in turn.

2.6.1. Main and Broad Credibility Dimensions

Taken as a whole, it becomes clear that scholars have failed to agree fully on the core dimensions of the credibility concept. A number of endeavours were made by scholars to investigate dimensions of perceived source credibility. It seemed that there was no generalized and trans-situational measure for the construct (Berlo, Lemert and Mertz 1969; O'Keefe, 2002). King (1976) and Liska (1978) claimed that the conceptual structure, or dimensions of source credibility might vary from circumstance to circumstance however previous studies have shown agreement only on three dimensions of source credibility; expertise(competence), trustworthiness and caring (McCroskey and Teven, 1999; O'Keefe, 2002).

Table (2.3) Measures of source credibility

Competence (expertise)	
Competent	**Incompetent**
Intelligent	Unintelligent
Trained	Untrained
Expert	Inexpert
Informed	Uninformed
Competent	Incompetent
Bright	Stupid
Trustworthiness	
Trustworthy	**Untrustworthy**
Honest	Dishonest
Trustworthy	untrustworthy
Honourable	Dishonourable
Moral	Immoral
Ethical	Unethical
Genuine	Phony
Caring (Goodwill)	
Caring	**Uncaring**
Cares about me	Doesn't care about me
Has my interest at heart	Doesn't have my interest at heart
Self-cantered	Not self-centred
Concerned with me	Unconcerned with me
Sensitive	Insensitive
Understanding	Nonunderstanding

Note. Adapted from "Goodwill: A Reexamination of The Construct and Its Measurement," by J.C. McCroskey and J.J. Teven, 1999, *Communication Monographs, 66*, p.95.

Competence/Expertise.

The expertise is one of the main dimensions, also called “competence,” “expertness,” “knowledgeability”, “authoritativeness,” or “qualification,” that aims to measure if sources have the capability to know the truth. Expertise has been defined as “the extent to which a communicator is perceived to be a source of trusty message (Hovland, Janis, and Kelley, 1953) (Ohanian, 1990). ‘’Measures such as “experienced/inexperienced, informed/uninformed, trained/untrained, qualified/unqualified, skilled/unskilled, intelligent/unintelligent, and expert/not expert” are commonly used to represent this dimension. O'Keefe (2002) has proved that the multiple-item scales of this dimension is having high internal reliability. The example of multiple-item scale of source credibility is demonstrated in table (Table 2.3). There were three dimensions in this measure. Each was measured with six separated semantic differential type items as shown in table 2.3).

In education competence is one of the key source credibility dimensions, that refers to the degree that a teacher is perceived to be knowledgeable and competent in what s/he is teaching (McCroskey, 1998). Teven and Hanson (2004) argued that credible teachers explain the material well, have the ability to answer student questions, use good class management techniques and have good communication skills.

In nursing, most features of competence are directly related to practice, not only the observable features, such as skill capability. As a result, the concept of clinical

competence could be considered as a broad concept. It appears that there is difficulty in understanding clinical competence and definition of this terminology varies considerably. Bing-You et al. (2009) acknowledged that being a competent instructor in the clinical area is more about being professional, sufficiently qualified and active. However, in a study by Bartlett et al. (2000) themes such as knowledge, emotions and values have been identified as basic items to develop competence in any field.

Similarly, being competent was defined by Wealthall and Henning (2012) as having familiarity to some extent in the field, adequate knowledge and talent, as well as being capable of providing appropriate decision-making in an area of practice. In contrast to these theoretical definitions of clinical competence, it is not as easily achieved in real clinical practice. Definitions of a competent clinical instructor initially focused on clinical skills and capabilities of the instructor. In other words, hands on care is considered to be a core characteristic of the competent instructor. Although Goorapah (1997) recognized that up to three years bedside clinical teaching experience and actual skill performance is required to be a competent clinical instructor. However, the instructor's effectiveness is essentially based on theoretical up-to-date knowledge.

According to Nahas (2000) nurse teachers' clinical competence is highlighted as an important characteristic of an effective teacher in the last 20 years. In terms of student effective learning, both in the classroom and the clinical placement, clinical competence is valued to boost teachers' clinical credibility. It seems that there is a deep relationship

between clinical credibility and clinical competence; therefore it is reasonable to review the literature that refers to this link. Fisher (2005) concluded that there may be complicated links between clinical competence and clinical credibility as the latter is strongly achieved by practical demonstration. According to NMC (2010) an appraisal has been made to the pre-registration curriculum that resulted from the concern around clinical competence. Porteous (2008) claimed that there is no agreement in the literature concerning a clear distinction between the two terms and they are relatively linked. According to Porteous (2008) competence refers to the ability to perform practical skills and deliver direct hands on care.

In a study by Madhavanprabhakaran et al. (2013) exploring the effective clinical instructors' attributes from the students' perspective, the study composed of a 40 item questionnaire on a four-point Likert scale was administered to 120 students who were exposed to clinical instructions for at least one year. This study has obvious limitation as they used 4-point Likert scale which does not allow for neutral opinions on the issue. The researcher found out that professional competence perceived the most important score for the effective clinical instructor. Student participants from the study highlighted clinical competence as a significant characteristic of the nurse educator. The study concluded that in comparison between her study in Oman and studies from western countries, she found that student participants from her study scored clinical competence as the key features of the effective clinical instructor. While in studies carried out in western countries instructor's interpersonal relationship emerged as the most important effective clinical instructors' trait. Therefore, exploring the

characteristics of clinical instructors in different cultural backgrounds is crucial. Hence, exploring clinical instructors' credibility among Kurdish culture is significant and this study aims to do so. In addition, generally expertise plays a vital role in establishing a credible nurse teacher, and often deals with the concept of skills and experiences (Cramer, Brodsky and DeCoster, 2009). Expertise is considered after trustworthiness and it also supports it because if a teacher is trustworthy, he/she would be recruited and will bring expertise to improve skills. According to Cramer, Brodsky and DeCoster (2009) clinical nursing expertise is the central part to quality patient care. Through investigating the factors that contribute to expertise and its subsequent impact on credibility of a teacher in clinical practices they found that trustworthiness increasingly affects individual nurse characteristics. A study undertaken by Marshall, West and Aitken (2013) explored the use of information to make decisions by nurse in clinically ambiguous circumstances in one part of critical care nursing practice. They reported the important features that were acknowledged by research participants about whom they ask for information in uncertain situations. The words clinical credibility and clinical expertise were used relatively as synonyms by researchers and participants. The results showed that clinical expertise was acknowledged as the most significant trait of credible nursing staff to be asked for the most reliable and trustworthy information.

A study by Baraz, Memarian and Vanaki (2015) highlighted that experienced teachers are most effective instructors as they can use their theoretical knowledge to teach students. From the students' perspectives factors such as lack of clinical experiences,

lack of theoretical knowledge, and inappropriate supervision and control on clinical practice are the aspects of incompetence of clinical instructors. Nurse education and experience are essential to clinical nursing practice, which significantly supports the capability whether it is associated with them or their teachers. However, Jackson and Roesch (2015) stated that individual nurses' characteristics are influenced by the expertise of nurse teachers who train them. Experienced and trusted clinical instructors can make this training more effective. The Multilevel Framework also supports this theme and states that the expertise/proficiency of a nurse teacher is developed through individuals and by organisational factors. Thus, as McHugh and Lake (2010) claimed, the individual factors are students and organisational factors are associated with the teachers based on their sociological knowledge.

The same study indicated that experience unaccompanied by further credibility attributes such as up to date knowledge, hands on care, etc. cannot be considered as the most credible nurse that is trusted by her/his colleagues. In the nurse education context, the notion of clinical credibility is indistinct as to what actually clinical instructors' credibility means. According to Ramage (2004) credibility can be afforded by others and it has to be earned because it cannot be a part of the role automatically. Inappropriate training of nursing students becomes a dangerous factor for those who require extra care and this happens when practitioners are not experts (McHugh and Lake, 2010). Expertise is based on the willingness of teachers to carefully guide others. However, there are several regions, where the qualification of nurse with expertise has been limited due to the need of huge investment in the relevant field (Seo and Spetz,

2013). World Health Organization (WHO) found that 77% of developed countries are facing a nursing staff shortage. For efficient clinical practice, nurse students need to have skills and experiences, in which teachers contribute increasingly, if they are credible. Thus, clinical experience is viewed as a factor of increasing the nurse students and teachers' clinical credibility (Rogers and Shuman, 2000). Another constituent of the competence dimension is knowledgeability. Many studies have confirmed the importance of theoretical knowledge as a core component of credibility. For example, Hsu (2006) conducted an observational study; she assumed that observation is an essential and critical method in all qualitative inquiries. The purpose of her study was to examine the clinical teaching behaviours of nurse educators in the clinical practice. This observational study showed that having extensive theoretical knowledge will make a clinical teacher more credible in their own eyes. However, the limitation of conducting this observational data collection was two days of observation for each nurse educator by the researcher and another observer that can only provide a partial understanding of nurse educator's behaviours in clinical teaching. Interviews should be adopted as a supplement to observation to get a more complete picture. Therefore, the highly knowledgeable clinical teacher will give clear guidelines for students in the clinical placement settings.

A qualitative study conducted by Nottingham and Henning, (2014) to investigate participants' perception of and the influences on feedback. In this study students and clinical instructors have been interviewed. The result from this study showed that

students were linked instructor's knowledge and experience to their receptivity of feedback. This mean that the more knowledgeable instructors are the more believable and effective (Coe et al., 2014). Similarly, in an exploratory descriptive study by Kelly (2007) teacher's knowledge emerged as significant criteria for teacher's credibility. This study was aimed to examine learner's views of what teacher characteristics and contextual influences impact them in clinical settings. Theoretical knowledge ("knowing that"), is delivered in the classroom and can be maintained by means of scholarly activities, for instance research activity, writing publications and reading journals. While, according to Barrett (2007) practical knowledge ("know how") can only be attained by direct hands on care in the clinical setting.

Trustworthiness.

Trustworthiness is another dimension of credibility that also called "character," "safety," or "personal integrity," measures to what extent a source is inclined to tell the truth if he or she knows it as highlighted in table 2.3. Trustworthiness has been defined by Hovland, Janis, and Kelley (1953) "the degree of confidence in the communicator's intent to communicate the assertions he considers most valid." P.21. According to McCroskey (1998) trustworthiness is related to the degree to which a teacher is perceived to be trustworthy and honest. It is believed that a trustworthy instructor always treats students fairly, offers rational explanations for grading and gives immediate feedback (Teven and Hanson, 2004). Scales of this dimension are including the following "honest/dishonest, trustworthy/untrustworthy, open-minded/closed-

minded, just/unjust, fair/unfair, and unselfish/selfish." (O'Keefe, 2002). Again, multiple-item scales of trustworthiness dimension have demonstrated higher internal reliability (O'Keeffe, 2002, p183). In a study by de Guzman et al. (2007) trustworthiness emerged as a key characteristic that identified in clinical practices and it is a determinant for evaluating the fact of whether a person can be appointed as a source of information. Generally, it is related to the honesty as well as truthfulness of the source in credibility. Previously, some researchers argued that it contributes relatively less than other components of clinical credibility of a nurse teacher (Marshall, West and Aitken, 2013). However, now this debate has almost ended and it is stated by the investigators that trustworthiness is more important than other themes. In a study by Marshall, West and Aitkin (2013) to explore the use of information by nurses making decisions in clinically uncertain situations in one aspect of critical care nursing practice using case study. They found out that most participants were placed greater emphases on personal characteristics of the source whom they seek information such as trustworthiness.

Trustworthiness has been identified by nurses whom are searching for a credible source of information, as a characteristic of credible nursing staff (Marshall, West and Aitken, 2013). This study concluded that trustworthiness plays an important role in the establishment of credibility. McGinnies and Ward (1980) claimed that trustworthiness and expertise are highly linked to credibility. However, they conclude that the trustworthiness source was more significant than expertise. Similarly, in a study by

Smith (2005) trustworthiness emerged as one of the organising domain themes and participants defined this theme as a cornerstone of clinical credibility. According to Smith, (2005) trustworthiness has been directly linked to honesty and individual skills and it can be defined as a state of being consistent and worthy of one's confidence. Nurse participants in this study have most frequently declared that trustworthiness is the most significant features of clinical credibility. Furthermore, the results from this study showed that the nurse without trustworthiness is considered as not having clinical credibility. Smith (2005) in her study also interviewed physicians, and she found out that physicians agreed that they view a nurse who demonstrates expertise and caring as a trustworthy. We can therefore conclude from this study that trustworthiness is one of the most significant attributes of clinical credibility.

Therefore, including questions regarding trustworthiness in the semi-structured questionnaire for the purpose of the current study is critical. As a result, in this research study trustworthiness theme will be one of the a-priori themes in order to examine it in different cultural backgrounds to confirm its applicability in the Kurdistan region. The concept of trustworthiness ensures whether a teacher is able to transmit the information within the healthcare context (Hancock et al., 2007). Moreover, a nurse teacher might be credible for students and institutions, if he/she also prepares the students to work efficiently and making interactions with other colleagues (Gaberson and Oermann, 2010). Mainly, this component is determined among teachers and students in the absence of expertise, when there is no skill and experience, only the nature of the person is evaluated for a required position. The thing that makes a

problematic situation in clinical credibility is associated with the time required to recognise accurate sources of information in a nurse teacher (Marshall, West and Aitken, 2013). The responsible authorities must identify this important issue in order to maintain efficient clinical practices. In addition, trustworthiness has a number of constituents such as honesty, fairness, reliability and kindness, demonstrating any of these components by a nurse is regarded as clinically credible (Smith, 2005). This is even true in the case of clinical credibility examination of other professionals such as nurse lecturers and clinical instructors. However, many of its elements are also features of clinical credibility. As discussed earlier, trustworthiness alone is not a complete sufficient attribute of nursing clinical credibility. For instance, caring has also emerged as the major phenomenon (Smith, 2005). On the other hand, its ignorance may affect the future of nurse teachers as well as clinical practices within a region (Fisher, 2005). Establishing the meaning of clinical credibility is highly reliant on what extent trustworthiness plays a role in this process.

Caring.

Hovland et al. (1953) indicated that caring is another dimension of credibility. Caring can be defined as the extent to which a teacher cares about and values the well-being and interests of the students (McCroskey and Teven, 1999). Perceived caring, as discussed by Teven and McCroskey (1997), is similar to Aristotle's conceptualization of a speaker's goodwill toward an audience. Teachers need to be able to communicate

with their students effectively and care about them so that they would be perceived as caring (Teven and Hanson, 2004). Teven (2001) claimed that the teacher who has a positive continuous relationship with his/her students is more likely to be accepted as a credible source. In the context of teaching goodwill (later re-conceptualized as caring) is one of the most important variables affecting teacher-student interaction. caring" is a combination of behaviours that display empathy, understanding, and responsiveness (McCroskey, 1992). Therefore, in clinical practices and duties, a major factor is interpersonal communication, which is a process by which individuals' exchange and share information, feelings, and knowledge through verbal or non-verbal messages. It can be done by face-to-face communication as well. Thus, in every field of the work, interpersonal communication is required for developing relations and efficient performances. Most importantly, its significance can be seen in the teaching field, where a credible teacher shares knowledge and information with students for best practice and he or she can be easily accepted by students.

Similarly, in clinical practice, educational authorities should select those nurse teachers for nurse training who are efficient in developing interpersonal communication. There is a complete guidance for students to improve their communication skills for patients' care, such as breaking bad news, addressing emotions, developing cultural competence, challenging and emotional conversations with patients and their families too (Sheldon and Hilaire, 2015). Nurse teachers' supervision is still the focus of students and institutions for their practical performances and guidance. Effective communication is

of great importance in the clinical setting, as it can contribute to the implementation of the expected therapeutic patient outcome. It is commonly believed that interpersonal communication between a teacher and learner affect teaching learning process. A cross-sectional survey study conducted by Sweet and Broadbent (2017) on third year nursing students at one Australian University. The aim of this study was to explore perceptions of undergraduate nursing students of the qualities of a credible clinical facilitator that enhanced their learning. A total of 43 students participated in the survey. Findings of the study indicated that nursing students perceive availability, approachability and feedback from the clinical teacher to be highly influential to their learning in the clinical setting. Approachability, communication and disposition were also frequently mentioned (28% collectively). Similar results were reported by Ludin and Fathullah (2016). The purpose of their study was to explore perspective of undergraduate nursing students to understand clinical teaching behaviours and their influence on students' learning.

Ludin and Fathullah (2016) claimed that the top three desirable traits of an effective teacher were knowledge of the subject, enthusiasm and communication skills. This means that considering interpersonal communication skill is of great importance when exploring teacher quality and effectiveness from students' viewpoint. This is however important for students as the teacher who has a positive continuous relationship with his/her students is more likely to be accepted as a credible source.

Instructor's professional relationship with other health care providers and effective communication with students and confidence in their abilities can improve their motivation to learn (Valiee et al., 2016). Furthermore, social penetration theory also reflects the fact that a teacher must penetrate into the students' behaviours as well as their thinking, which often encourages them in performing well (Pianta, Hitz and West, 2010). Interpersonal relationships can be regarded as a determinant of credible clinical instructors because source credibility can be measured through interpersonal communication. As discussed earlier when examining teachers' credibility students' perspectives are the main sources that should be explored. Furthermore, students' judgment on credible clinical instructors is ordinarily based on attitudes and interpersonal relationships of their clinical instructors. Thus, nurse teachers must have this component in their behaviour that makes them clinically credible and supports their future (Garcia, 2013). The most important theme derived from a role-play situation is the interaction between a nurse teacher and students that further eliminates the barriers between practitioners and patients. The teacher student relationship in the context of therapeutic communication shows the importance of instructor's communication skills that also enable students to deal with the interpersonal conflicts (Babatsikou and Gerogianni, 2012). Therefore, it is important to consider interpersonal relationships while exploring teachers' credibility specifically from the students' point of view.

2.6.2 Credibility dimensions in the clinical nursing education context

Having discussed the commonly agreed credibility dimension in the field of communication, media and education, the following section will present and discuss the specific credibility dimensions related to clinical teaching generally and clinical teaching in nursing particularly.

Availability and hands on care

An attribute that cannot be ignored while discussing the clinical credibility of a nurse clinical instructor is clinical visibility (Meskell, Murphy and Shaw 2009). It emphasises on practice and serves to improve confidence in clinical trial operations. Being there for students and demonstrate hands on care is of great importance and they perceived to be more credible by student. The integration of clinical visibility within a single system delivers comprehensive images of trial. This key feature helps in enhancing quality control and project efficiency (Garcia, 2013). Therefore, a clinical instructor is required to have clinical visibility. According to Niederhauser et al. (2012) a nurse teacher can only convey this message, if he/she shows clinical visibility to the students during their training. In contemporary clinical practices, advanced practitioners are identified as valuable human capital due to their clinical visibility which makes them credible. Thus, in health-related practices, the clinically credible teachers maintain their workload and are considered senior corporate leaders. In other words, it is the most significant aspect

that must be in a nurse teacher in the form of developing influential strategy (McGee, 2009).

In a study by Barrett (2007), clinical practice is regarded as a significant component of clinical credibility. The fundamental ethics without which clinical credibility cannot be maintained by a nurse teacher to be registered is “hands on care” (Saarikoski et al., 2013). This is one of the most significant themes to ensure a nurse teacher is involved in hands on student care. Similarly, teachers do convey the message of continuing such care with their patients (Fisher, 2005). According to Grant et al. (2007) hands on care means for a teacher to engage in direct patient contact and provision either with or without involvement of the students. If a teacher does not follow this process, then he/she is not clinically credible for having the job.

The clinical teacher has an important role in creating that supportive environment. Researchers have indicated that the presence of a clinical teacher (clinical instructor, link teacher, mentor) has an imperative impact on students' clinical experience, in terms of both suitability and quality of the learning opportunities and of their satisfaction of the clinical placement. Spending time in clinical practice is another attribute of clinical credibility. According to Ousey and Gallagher (2010) nurse teachers do become less familiar with clinical practice. This has been anticipated as a result of less time spent in individual clinical areas. As discussed earlier (chapter one, section 1.4, page, 9) following transmission of nurse education to higher education institutions, lecturers faced extra workload; namely, research activity, publication and

administrative roles (Barrett, 2007). As a result, a disconnection between the educational and the clinical setting has been sought. Fisher (2005) argued that professional organisations and governments have stressed to produce documents indicating how the nurse lecturer can attain and maintain clinical credibility.

Alternatively, in the UK, in response to clinical credibility concerns the Department of Health (1999) "making a difference "and UKCC, (1999) "fitness for practice" started to provide components for a new pre-registration nursing curriculum development. According to these reports nurse lecturers should have clinical currency and clinical experience and also show clinical credibility to improve clinical competence of students completing Project 2000 programs. The solutions that have been recommended by these reports were to maintain clinical credibility by the nurse teacher, it is essential for them to spend time in practice and provide a connection between education and practice. This in turn will help to facilitate the student nurse learning needs. Nurse lecturers' lack of familiarity in clinical practice cause a sense of uncertainty about whether they are doing appropriate or safe actual nursing practice and patient care.

Later in (2013) Okoronkwo et al. highlighted the need for a direct student supervision to prepare them to be fit for practice and demonstrate how to apply theory into practice through mentorship and supervision. The best and the most influential way of empowering students to realise desirable practices is effective clinical supervision. This can be done by being a bridge and being there for the students that make them more accessible and more credible. Similarly, according to Goldie, et al. (2015) clinical

instructors need to be proactive and to be visible in the clinical setting to support and challenge students in ways that builds competence and confidence. Landers (2000) being effective in clinical nursing practice will significantly maintain teacher's image of credibility and competence. In a study by Maxwell, Black and Baillie (2014) the visibility and immediacy of response by practice educators were seen to be very important for students and staff in the clinical placements. The students' perception needs to be considered regarding visibility and physical presence of the clinical instructors in the clinical settings. This could positively affect students' clinical experiences. This is particularly important in the Kurdish context as there is no mentorship role, therefore visibility and being there for student by the clinical instructors is crucial.

According to Ousey and Gallagher (2010), nurse teachers may not have clinical credibility to facilitate learning and focus on the development in the clinical setting that ensure the student preparedness for clinical practice. This is because achieving clinical credibility in nurse education is highly reliant on the specific theme that genuinely connects students with teachers (such as skilled communication, clinical visibility and trustworthiness) (Epp, 2008). A qualitative research has been conducted by Msiska, Munkhondya and Chilemba (2014) to investigate the clinical learning experience of undergraduate nursing students in Malawi. Findings from study revealed that nurse educators need to teach students during clinical placements through provision of direct patient care. Equally, McSharry et al. (2010) claimed that engaging in hands-on care is associated with the direct patient contact and care provision either with or without

others' involvement. For instance, sometimes nurse teachers are failing to deliver the message, as trained practitioners if they feel overburdened in continuing such practice on their job, and they therefore give low priority to practice. In relation to hands-on care, most of the teachers do not consider engaging in the care as part of their remit. Furthermore, few educators have the perception that when a teacher chose to work alongside students, they might feel as though they were being examined (McSharry et al., 2010). This problem might be reduced, if nurse teachers focus on the concept of emotional care while working alongside the students. Instead, adopting a manager role, nurse teachers require learning experience to focus on education providing students with 'time out' for practice. Those who are known as the credible teachers favour hands-on teaching by using the activity of caring for patients when students are present (Gaberson and Oermann, 2010). In the UK, this activity has raised the nurse education standard, as the percentage of staff who followed these instructions has increased. They were following hands-on care theme on a regular basis due to their clinically credible nurse teachers who also assured them about reimbursement for ineffective clinical practice (Grant et al., 2007).

Researchers have come to the conclusion that hands on care is directly related to clinical currency (Fisher, 2005; Barrett, 2007; Rena Porteous, 2008). Ousey and Gallagher (2007) argued that clinical currency and recency in clinical practice is highly linked to clinical credibility. The result from this study showed that without regular

exposure to practice, lecturers are incapable of maintaining their clinical credibility. For some spending personal time in the clinical setting without student supervision might be the best solution to maintain credibility. Some nurse lecturers who participated in a study by McSharry et al. (2010) stated that they can only maintain clinical credibility if they actually present in clinical practice based on their speciality and interest. Therefore, reduced direct contact with patients is linked to individual concern about achieving clinical credibility and behind-the-scenes notes from the students' perception which may question the ability of the nurse teachers in the clinical placement.

Role Modelling:

The core components of becoming a nurse with clinical credibility entail professional identification and role modelling. Role modelling has been defined as the imitation act following observation, which is one of the contents of Bandura's social learning theory (1977) whereby he suggested that observation is the most crucial type of learning (Bandura, 1977). Doherty (2016) claimed that role modelling is used as a strategy by educators while teaching for demonstrating their knowledge, abilities, and skills in order to establish their role as a credible clinician and attaining respect as new nurses. A study conducted by Burgess, Goulston and Oates (2015) with one cohort (n = 301) of students who had completed their first year in the Sydney Medical Program in 2013. The aim of their study was to explore perceptions of medical students regarding their clinical teachers as role models during the first year of a medical program. Findings

from this study revealed that teachers' characteristics such as clinical competence, teaching ability and personal characteristics were important to students and they account these as positive role modelling traits. In essence, competent clinical instructors are good role models for students. Furthermore, role modelling as a teaching strategy assists the learner to observe, question, and converse the behaviour being modelled (Fryling, Johnston, and Hayes, 2011). Role modelling offers an opportunity to nurse teachers to verbalise the clinical reasoning that occurs between the modelling sessions while the patient is in a briefing session or is cordial after the modelling has been executed (Mokhtari Nouri et al., 2014). According to Bahn (2001) the foundation of role modelling is to let the student to inspect a prestigious trained nurse that enable the student to promote their professional role. Moreover, Bahn (2001) explained that this is not only about learning clinical skill but will have an influence on the student's professional attitude and communication skills learning.

Baldwin et al. (2014) found in their literature review that equally students and nurses in clinical areas argued that experienced clinicians play a significant role in the student's professional development. The review also indicated that determinants like using a range of teaching strategies and providing timely and positive feedback are a professional characteristic of good (credible) nurse teacher role modelling that consecutively will facilitate the growth of the students' professional identity. Numerous research have provided evidence and highlighted the significance of role modelling for nursing teachers since it is introduced as the essential function of the teachers in the nursing field demonstrating their credibility by indicating their teaching competence

(Sawatzky et al., 2009 and Mokhtari Nouri et al., 2014). Out of the eight necessary roles for the demonstration of nursing teacher's credibility, role modelling is one of them. According to Perry (2009) models act as a catalyst for the evolution of the students as they guide, counsel, and facilitate the apprentices. Considering the significance of the role modelling for nursing teachers, it is necessary, as it is effective for the application of successful strategies of teaching. Therefore, clinical instructors that have professional interpersonal skills and effective relationships with students and staff members in the clinical setting are considered as a source of support. Role model teachers are characterised by being clinically competent and having unity of words and action.

Teaching Credibility:

Clinical credibility is also reliant on teaching credibility. Teacher credibility is vital, as students are highly perceptive about knowing the teachers and their abilities of sharing information (Schonwetter et al., 2006). Similarly, with nursing students, it is more common to know which teacher can make a difference in their practical performances and learning that further helps in their clinical practices. A more recent quantitative study conducted by Ismail, Aboushady and Eswi (2016) to assess the clinical instructor's behaviours and perception of nursing students regarding features of effective clinical instructors that facilitate learning process. The findings from this study revealed that student nurses' highest mean score was in the nursing competence and

teaching ability. A nurse teacher may become clinically credible if he/she teaches credibly. For instance, nurse teachers must adapt those activities for teaching and guiding students to assist them in improving their confidence while practicing in health care sectors (Elliott and Wall, 2008).

Using mixed-method research, Sabog, Caranto and David (2015) explored student nurses' perceptions of effective clinical instructor characteristics in Philippines. Their study revealed that students rated "well prepared for teaching" as one of the most important teaching behaviours that have positive influence on student learning. This shows that teaching credibility and teaching ability play a significant role in the clinical teaching and students' learning. According to Slevin (1993) teaching credibility is regarded as another dimension of nurse teacher' credibility. This area can be fairly valued by teachers as they are confident in terms of teaching credibility. Some insights have been offered by Slevin (1993) that, for example in the UK, there are constitutional requirements to be recognized as nurse, midwife and health visitor teachers compared to Iraqi Kurdistan there is no such legitimacy. The name of all teachers in nursing, midwifery and health visiting should be recorded in the UK Central Council for nursing, midwifery and health visiting. In order to be a recorded teacher, they must undertake a recognised program for teacher training. It is not only a theme that constructs the likelihood of making a nurse teacher clinically credible, but also a tool that lays the foundations for every successful lesson. This requires changes that must be adopted by a nurse teacher for the betterment of the future and proper decision-making (Barrett, 2007). Equally, after being a clinically credible teacher, individuals also become able to

make effective decisions and strengthen their clinical practices (Pogue and AhYun, 2006). To date, academics that are recruited by the institutions are those who convey a credible ethos and gain the trust as well as respect of their students by engaging them with effective practices (Fowler, Baker and Geraghty, 2017).

2.7. How this study will provide further research to address the current gaps in knowledge

In short, although several research studies have been conducted on factors that affect instructor credibility and academic achievement, this body of research that takes a qualitative approach, can be distinguished from previous studies and traditional approaches to nursing education in terms of its focus on construction of the clinical instructor's credibility and the way of maintaining it. Credibility must be regarded in terms of how credible the teachers are in the eyes of those whom they serve; students, clinical teachers themselves, lecturers and clinical staff. For instance, in order to be a credible teacher how much knowledge and also what type of knowledge should they have. Slevin (1993) is very clear in his message that everyone should be conscious of their clients (whom they serve) and their needs. Therefore, nurse teachers should be aware of the world of nursing requirements, and also contemplate their future academic role in terms of credibility. Hovland et al. suggested that credibility was composed of three dimensions (i.e., competence, trustworthiness, and caring) and the perceptions about these dimensions are related to context and time. As a result, exploring this concept from different stakeholder's perceptions and in a different filed may produce different operational definition and different credibility dimensions.

Sections 2.3, 2.4, 2.5 and 2.6 in this chapter described studies that were indirectly related to the clinical instructors' credibility. These studies have provided support to the concept that teacher characteristics can affect stakeholders' perceptions about the

clinical instructors, student learning, and teacher effectiveness. However, an examination of relevant literature revealed that, due to a process-product perspective, little is known about how this concept takes place. It appears then that investigating how stakeholders construct and perceive clinical instructors' credibility could provide valuable information to close this gap in the literature and reveal what specific personal qualities, behaviours, and teaching skills relate to the credibility of the clinical instructors and thus improve clinical instructor's effectiveness. It was obvious from the literature review that using perceptions of students those who are involved in the leaning process to explore teacher credibility could be helpful. Research conducted in nursing education using students' and teachers' perspectives has demonstrated the valuable contributions that they have made to the research process and understanding of instructor's effectiveness in nursing.

According to Graham (1995) student's perspectives are of great importance in a business model student can be viewed as customers who must be satisfied, therefore its rationale to explore students perspectives in addition to lecturers perspective to learn how students construct and perceive credibility. Thus, this study aims to answer the following research question

1. what does clinical instructor's credibility mean as it is described by the triad and How do they characterize it?
2. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of students?

3. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of clinical instructors?
4. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of lecturers.
5. How do the triad construct clinical instructor's credibility?

SCT (Hovland, Janis and Kelly, 1953) has been utilized as the lens for data examination (this will be discussed in more detail in the next chapters). According to this theory, a teacher's power of influence over students learning happens when she or he is credible. Key dimensions of SCT acted as a base for the formation of the initial template for data analysis. A qualitative research design was selected as the most appropriate way to understand stakeholders' perspectives of clinical instructors' credibility.

The literature has confirmed that maintaining clinical credibility can be challenging (Fisher, 2005) and that clinical instructors need good support in their role to maintain it (Goorapah, 1997). Occupying such a critical position in nurse education has implications, for both clinical instructors and all others involved in clinical education. In spite being critical, clinical instructors do not essentially see themselves as capable or powerful, and previous studies showed that clinical instructor's role needs to be adapted in response to the distinctive student features and to manage students' expectations of them. Despite the continuation of these debates, the personal

interpretations of being a credible clinical instructor seem to have been discounted. Credibility for some is theoretical up-to-date knowledge and for other is application of that theory knowledge in the clinical practice. The literature advocates that research participants consider the role of credible clinical instructors in the nurse education as it provides them a better quality of practice education through access to highly qualified instructors and therefore exceptional graduates that are fit for practice. It is in this context that this research study suggests giving the voice to Kurdish triad stakeholders in the Kurdistan region of Iraq who previously have not had their perception explored. This research study attempts to investigate such approaches in order to address a main gap in current nurse education research in order to examine the multi-dimensional perception on clinical instructor's credibility.

In response to the current gap in the literature about the exploration of the clinical instructors' credibility in relation to the stakeholders' perceptions, this research study was considered to add new knowledge and findings. Understanding how credibility functions in clinical instructors may help in the development of more credible and effective clinical instructors. This research study comprises a comprehensive exploration of a triad perceptions, addressing the broad question of what clinical credibility means in the context of practice nurse education. This study seeks to address the gaps in understanding through detailed analysis, and then try to provide rich descriptions and illustrations that reveal a hidden knowledge about the concept. This knowledge may assist in closing the gap in this area of study in the clinical nursing literature and advance its field. Furthermore, while the contribution of this research is

of particular relevance to the knowledge on clinical instructor's credibility in nursing, the findings of this study make a significant contribution to the knowledge in several other areas, especially the understanding of source credibility.

2.8. Chapter Summary

This chapter reviewed the relevant important concepts related to this study. By exploring the concept of credibility and teacher's credibility the researcher defined a clear conceptual space for the present study. In summary, the term credibility and clinical credibility have been explored through a combination of communication, media, nursing, midwifery and educational lens. In this chapter literature that informs the purpose of this study of how stakeholders perceive and construct the clinical instructor credibility has been outlined.

This review of literature has shown that:

- SCT suggests that a source's power of persuasion is related to how credible the source is perceived to be by the message receiver.
- Source credibility is a flexible and time dependent construct composed of three main dimensions (i.e., competence, trustworthiness, and caring).
- Numerous teacher characteristics are related to the credibility of teachers.
- little is known about the clinical instructor's credibility.
- None of previous studies have specifically looked at triad perceptions (lack of data source triangulation).
- Using triad perceptions about credibility construction could provide insightful information regarding clinical instructors' credibility.

Competing demands and role conflict could lead to nurse teachers experiencing uncertainty in terms of maintaining credibility. On the other hand, having the personal

resources to effectively achieve and maintain clinical credibility can lead to job satisfaction. However, existing knowledge of the clinical instructor's role relates mainly to the characteristic of the credible clinical instructor, rather than to the methods of maintaining it. The literature is simplistic in this sense. It is still unclear how clinical instructors' credibility can be perceived by students, colleagues and themselves in the workplace. Unpredictably little nursing research is available to further help our understanding of the concept of clinical credibility. It can be argued that different clinical credibility themes emerged from the different stakeholders' points of view.

Therefore, examining as many perspectives as possible is crucial to provide a comprehensive definition for clinical credibility. This research study aims to explore how nursing students, clinical instructors and lecturers perceive a clinical instructors' credibility. Thus, the data collection methods need to be appropriate in order to allow this research to gather participants' experience that had not previously considered. The current research project aims to recognise clinical credibility attributes of clinical instructors, thereby being able to identify clinical credibility traits. This will enable the Kurdish instructors to be accredited and rightfully recognised by their students and colleagues as well as the academic staff at the university. There is no joint role for nurse educators at HMU. There are either theory lecturers who are completely disconnected to practice or clinical instructors who are employed by the university. Arguably in Kurdistan it is the clinical instructor who is more likely to be anticipated as clinically credible in the eyes of student nurses, clinical instructors and lecturers, which is why

exploring the issue of clinical instructors' credibility is attracting field researchers. Therefore, additional studies are necessary in this field. This research study has implemented a comprehensive approach to explore the concept of clinical credibility with the goal of examining different stakeholders' perceptions. In brief, it can be said that nurse teacher's clinical credibility is crucial to be maintained for developing an effective clinical practice within the health care sector. However, it is only possible if all premises or the fundamental themes are focused, such as hands on care, trustworthiness, clinical visibility, expertise, interpersonal communication, role modelling and teaching credibility. These theoretical attributes assist in bringing changes in the decision-making process and dealing with the clinical uncertainties by using the information shared by a credible teacher. Overall, a strong future of a nurse teacher is based on these fundamental concepts and if a government wants to improve the quality of care in the health care sector, then it also requires efficient recruitment.

The assessment of effective clinical instruction roles has a long history, there has been very little research on clinical instructors' credibility issues until recently, with very limited information on how clinical instructors maintain their clinical credibility. In addition, there are no known research studies on clinical credibility of clinical instructors in Iraqi Kurdistan.

Globally, the clinical credibility studies that do exist use either qualitative or quantitative methods, but there are very few studies that combine qualitative and quantitative methods in a multi-methods approach. Furthermore, there is currently no

existing study that explores the concept of clinical credibility from the perspective of students, clinical instructors and lecturers. This literature review chapter produced a number of articles on clinical instructor roles, clinical credibility, clinical currency and nurse educator credibility. Articles are limited to those published in English from the United Kingdom, the Philippines, Canada, the United States and New Zealand. A few articles were found discussing the concept related to clinical instructors. Many articles explore the concept related to theoretical teachers and staff nurses and are relevant to this research study. Maintaining clinical credibility is extremely crucial for clinical instructors and the nurse role that shared between the best traits of clinician and lecturer is the solution to prepare well-educated registered nurses (Ousey and Gallagher, 2010). The next chapters discuss and explain the methodological approach taken to gain access to and interpret the stakeholders' perceptions.

Chapter Three: Methodological Approach to this Study

3.1 Introduction

Chapters one and two of this thesis presented the background to this research study regarding clinical instructors' credibility. This chapter provides a rationale for the research paradigm that underpins this study, the process of reflexivity and the chosen research design. Moreover, this chapter will provide a critical view on the selected methodology to explore the triad's perception about the notion of clinical instructors' credibility. The structure of this chapter includes a comprehensive discussion of (a) the research philosophy, (b) the research paradigm (c) the research design (d) a justification of the chosen philosophy and (e) the methodology that is used in order to achieve the research objectives defined initially.

The purpose of this study was to examine the triad's perspectives and construction regarding a clinical instructor's credibility. Specifically, this study identifies specific personal qualities, behaviours, and teaching skills that make nurse clinical instructor's credible in the eyes of the students and themselves and how the triad constructed their views of credibility. This investigation was framed by SCT (Hovland, Janis and Kelley, 1953), identified through the review of literature (see Chapter Two) and complemented by social constructivism (Vygotsky, 1978). These perspectives will be

discussed in subsequent sections of this chapter. Additionally, the study was guided by the following research questions:

1. what does clinical instructor's credibility mean as it is described by the triad and How do they characterise it?
2. What personal attributes, behaviour and teaching skills make clinical instructors credible in the eyes of students?
3. What personal attributes and behaviour and teaching skills make clinical instructors credible in the eyes of clinical instructors?
4. What personal attributes, behaviour and teaching skills make clinical instructors credible in the eyes of lecturers?
5. How do the triad construct clinical instructor's credibility?

3.2. Addressing the Study Objectives

Selecting the appropriate research methods for this study is significantly influenced by its objectives and questions. In the current study a pertinent method has been selected to address research objectives. This chapter will present the study objectives, which will be addressed using qualitative design and social constructivist approach. The aim of this study mainly was to explore the concept of clinical instructors' credibility from the "Triad of Perceptions" of nurse lecturers, clinical Instructors and students at HMU and to determine if similarities or differences in perceptions existed among the triad perceptions.

3.3. Theoretical Framework that underpins this study:

In this research, the understanding of a credible clinical instructor in the Iraqi Kurdistan region remains entirely unexplored. Globally, few studies have attempted to explain this notion (Fisher, 2005; Ousey and Gallagher, 2010; Marshall, West and Aitkin, 2013). The term "theoretical framework" is used throughout this study as it connects this research to the existing knowledge and guides the hypothesis and selection of research methods. With the objective of understanding and constructing clinical instructors' credibility at HMU through a triad of perceptions, this study was framed by SCT (Hovland, Janis and Kelley, 1953) as shown in figure (2.2)

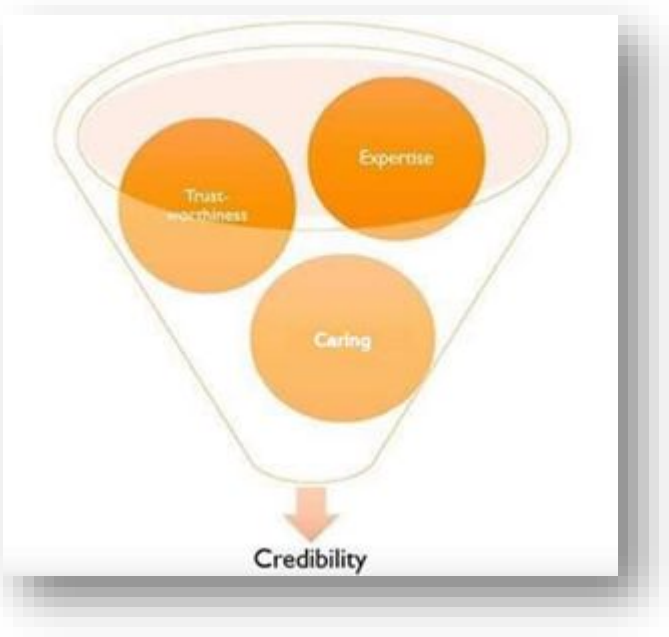


Figure 2.2 Hovland, Janis and Kelley, 1953

Data analyses which were guided by template analysis is carried out in relation to SCT (Hovland, Janis and Kelley, 1953) as a way to provide a realistic view of the perceptions and construction of the clinical instructor's credibility. Data were analysed for themes that represented the dimensions (qualities, behaviours, and teaching skills) which make a clinical instructor credible and the social construction in which these three dimensions build the perceptions of clinical instructor's credibility. As discussed in chapter two SCT suggests that a message is more likely to be accepted if the source is considered as credible (Hovland, Janis and Kelley, 1953). This means that credible clinical instructors are effective educators because their message are easily accepted by learners. The source credibility model was first put forth by Hovland and Weiss (1951) in "The Influence of Source Credibility on Communication Effectiveness." It is a well-

known theory which indicates that the power of the message source in the communication's persuasiveness is determined by the receiver's perceived credibility of the source. Hovland and Weiss (1951) argue that if message source is perceived as credible, the receivers are more likely to be persuaded and as a consequence this can easily generate understanding and change the receiver's attitude. If the notion of source credibility is applied specifically to clinical instructors in nursing, the more power of persuasion (credibility) the clinical instructor has, the more likely the students are to believe in their instructors; as a result, the students' learning will potentially increase. When the clinical instructor's believability (or power of persuasion) is high, the possibilities for students learning the nursing program content and their clinical competence are increased. For this reason, understanding how the triads constructed the credibility of and what personal qualities, teaching skills, and nursing competence made clinical instructor credible in their perspective was essential. Understanding a study conducted by Hovland and Weiss (1951) explored the effect of the characteristics of a source on the acceptance of a message by a receiver (students are the receiver of message in this study). Hovland and Weiss (1951) transmitted an identical message to one group and attributed it to a "trustworthy" source and to another group but this time the message was attributed to an "untrustworthy" source. To ensure a balanced level of opinions among the participants, four messages on four different topics were developed, each with one "affirmative" and one "negative" position on the issue. Questionnaires were administered before, immediately after, and a month after the message was communicated to obtain participants' opinions. The study's results

indicate that “fairness” of the message and “justifiability” of the receiver were affected by the source’s trustworthiness. In addition, opinion change advocated by the sources was greater when the message was presented by the “trustworthy” source. The authors concluded that although there was no difference in the amount of acquisition and retention of information, opinion change was related to the source’s level of trustworthiness.

Later, Hovland, Janis and Kelley (1953) advanced source credibility characteristics which covered a number of dimensions (i.e., competence, trustworthiness and caring). In their work, competence was defined as the “extent to which a communicator is perceived to be a source of valid assertions (his ‘expertness’),” while trustworthiness was the “degree of confidence in the communicator’s intent to communicate the assertions he considers most valid” (p.21). In addition, the dimension of caring was defined as the intentions toward the receiver. Displaying these characteristics by the source significantly affected the receivers’ perceptions about the source as well as the power of persuasion. For example, displaying these characteristics by clinical instructors is significantly affect student’s perception regarding their clinical instructors’ power of persuasion. Furthermore, Hovland, Janis and Kelley, 1953’s study concludes that the receiver’s value of these characteristics is affected by many factors and that these characteristics are flexible and may change over time. In this research study it is assumed that the value of these characteristics is vary among triad due to their distinct perceptions and their educational backgrounds, therefore exploring the perception of diffident stakeholders can provide a comprehensive view of the concept.

In the previous studies various aspects of source credibility have been investigated, in relation to public speaking, political campaigning, interpersonal persuasion, and public health messages (Spence et al., 2013), as well as psychology, sociology, and education (McCroskey, 1966). Early research tried to recognise the distinct dimensions of source credibility which is commonly cited as expertise and trustworthiness (O'Keefe, 2002 and Pornpitakpan, 2004). However, these constructs and the number of influencing factors of source credibility have changed over time (Applbaum and Anatol 1973) and vary from context to context (Cronkhite and Liska 1976). McCroskey and Teven (1999) include a further dimension, goodwill (the extent to which a source is seen to have the receiver's best interests at heart).

Later in 2009 while looking to establish a Business to Commerce system, Cho, Kwon and Park (2009) developed a comprehensive source credibility measurement. Similarly, the researcher in this study is attempting to develop a comprehensive source credibility reassessment for clinical instructors in nursing. Hovland was defined as positive characteristics of message senders (for example teacher's power of persuasion) that influence the degree to which message receivers (students) accept the message while Cho, Kwon and Park (2009) examined electronic commence based on SCT, they claimed that among the source credibility factors, attraction is not appropriate for the online reputation system because it is generated in the environment where an information source is revealed to an information receiver. They stated that source credibility involves expertise, trustworthiness, attraction and co-orientation (the degree to which a source is similar to the target audience members or is depicted

as having similar problems or other characteristics relating to the use of a particular product or brand). SCT is divided into the following three models: factor, functional, and the constructivist, in order to break down the scope of the theory. The level of credibility of a source, perceived by the receiver (credibility of instructors perceived by the students in the study) can be determined by the factor model; the extent to which a source meets the receiver's needs is assessed by the functional model; while what the receiver does with the source's message or information is shown by the constructivist model (Umeogu, 2012).

The assumptions that were discussed at the beginning of this section, such as exploring and constructing the triad of perceptions reflect the epistemological and theoretical perspective involved in this research process. According to Crotty (2003, p.66), "different ways of viewing the world shape different ways of researching the world". This research study used phenomenology framed within the constructivist paradigm, an approach that aims to determine the ways in which human beings experience and construct their world.

The central concept of constructivism, as Gray (1997) indicated people build their own understanding of the world by the means of experiencing various issues and reflecting their thoughts on those experiences. From this perspective, the reality can be constructed as a product of human's intelligence interacting with experience in the real world. Through the lens of social constructivism, students' perceptions about credibility are built upon the previous experiences the triad give to this construct, which are influenced by their social interactions with their culture and people. Based

on this theoretical perspective, the present study aimed to explore, from the triads' perceptions, what personal qualities, teaching skills, and nursing competence made a clinical instructor credible. It assumed that each member of the triad had their own perception of what a credible clinical instructor is, valuing different characteristics according to their perspectives. The use of this approach allows this author to understand the subjective experiences of participants by putting themselves in their shoes. More specifically, the epistemology (theory of knowledge) guiding this study was constructionism. Although constructionism is closely related to constructivism, and the two terms are sometimes used interchangeably due to a lack of consistency in terminology, it seems useful to reserve the term constructivism in this study, as Crotty indicated, "for epistemological considerations focusing exclusively on 'the meaning-making activity of the individual mind' and to use constructionism where the focus includes 'the collective generation [and transmission] of meaning'" (p.58). In other words, constructivism considers how individuals create their meanings while being affected by their social interactions and culture of society. Giving support to this approach, a series of studies conducted by Bryant and Curtner-Smith (2008; 2009a; 2009b) investigated how students constructed their perceptions in physical education classes. More specifically, the authors explored the hypothesis that students' beliefs regarding "how physical education teachers should act and what they should look like were socially constructed" (Bryant and Curtner-Smith, 2009b, p.312). In the studies, the researchers showed two videos of the same instructor giving a swimming lesson to students in elementary, middle, and high-school, with the only difference between the

videos being that in one the teacher was in a wheelchair. The results of the studies indicated that as students get older "their beliefs about physical education teachers with disabilities gradually change for the worse because they are socialized into believing that sport, physical activity, and physical education are for what appear to be whole and fit bodies" (Bryant and Curtner-Smith, 2009b, p. 311). Building on the idea that stakeholders socially construct their perceptions regarding instructors' credibility, the present study investigated how the triad constructed clinical instructors' credibility according their previous experiences and social interactions.

In conclusion, there is no current research that has explored the notion of clinical credibility according to the perceptions of Kurdish students, clinical instructors and lecturers; therefore, there is a serious gap in the existing knowledge data base. The triad of perceptions could be used in the construction of clinical credibility concept that can be used in in the preparation of pre-service clinical instructors as every member of the triad had their own ideas of good clinical teaching. The aim of this research study is to contribute towards narrowing this knowledge gap by exploring the clinical instructor's credibility using individual interviews and focus groups as methods of data collection. Following the examination and evaluation of the coexistent literature it was noted that source credibility characteristics and dimensions are flexible and time dependent (may change over time). Therefore, it is of great importance to explore the concept of clinical credibility, its dimensions from different triads' perspective and in a different social background, in order to provide a comprehensive understanding of the phenomenon. This is detailed in section 3.6 and 3.7.

3.4. Research Philosophy

Having discussed the theoretical framework that guide the study now how the research was designed will be discussed. A research philosophy is a belief about the best way to examine a phenomenon including data gathering, analyses and data use. The term philosophy generally refers to the study of the fundamental and general nature of reality, knowledge, reason, existence, mind and language (Teichman and Evans, 1999). According to Remenyi, et al. (1998) 'how to research', 'what to research' and many other similar questions must be taken into consideration by researchers at the beginning of the research journey to therefore inform the research method. Ultimately, the answer to such questions centres around the researcher's perception of 'why research?' There is an array of reasons why a researcher intends to conduct research. There could be several reasons for why to research, for example, the researcher's personal or academic interest. Nevertheless, as the researcher goes through the philosophical literature, it leads them to a selection of the research methodology, answering how to research, but introduces much deeper aspects other than the practicalities requiring a philosophical solution,

In essence, Kumar and Phrommathed (2005) stated that in order to develop a philosophical viewpoint, it is required to make numerous basic assumptions governed by two dimensions: nature of science and nature of society. Sociology includes two different societal viewpoints, among which one is chosen: radical and regulatory view. As per the regulatory view, it is supposed that involvement of society is rational and

cohesive while with radical change, a society continues to encounter conflict followed by the efforts of humans to mitigate the domination of societal structures. These contrasting views are the basis of entirely opposing schools of thought; a rational view of society is the basis of modernism whereas a radical change perspective underlies post-modernism.

On the other side, dimension science also offers a choice between two approaches: objective and subjective. These two are the major approaches of philosophy defined by numerous basic assumptions (Holden and Lynch, 2004). These assumptions are concerned with epistemology (knowledge), ontology (reality), nature of humans (pre-defined or not) and methodology. Regardless of what the sociological influence is, all these assumptions are important to each other. For instance, the idea of the ontology will affect epistemology, which later will influence human nature and the choice of methodology. Thus, it must be acknowledged that philosophical traditions can have a major influence on 'what to research'. Hence, in this research, the philosophy is based on the assumptions of the nature of science, followed by two philosophical paradigms (Pring, 2015). However, Pring (2015) identified in a very simplistic way, there are occasions when it's appropriate that there is an overlap.

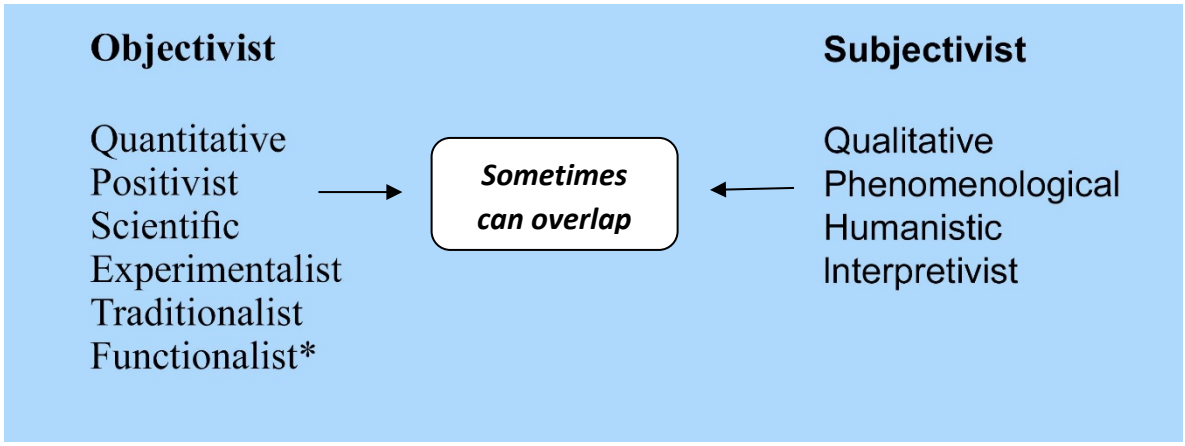


Figure (3.1): Modified alternative Philosophical Paradigms Names (Pring, 2015).

In addition, research philosophy defines the fundamental ontological and epistemological assumptions for any research tradition. Bryman and Bell (2007) and Saunders, Thornhill and Lewis (2009) identified the term epistemology as what is known to be true while they defined doxology as what is believed to be true. Moreover, epistemological assumptions describe what founds satisfactory knowledge in the field. The purpose of science, then, is to transform believed things into known things: doxa to episteme. In the Western science tradition, there have been two major research philosophies, namely positivist (sometimes called scientific) and interpretivist, also known as anti-positivist (Galliers, 1991). In conclusion this research study will adopt a subjective ontology and a constructivist epistemology. In addition, the paradigm that underpins and supports this study is explanatory constructivism.

3.5. Research Paradigms

Most research paradigms deal with the questions that can be answered in an acceptable way and the methods or procedures that facilitate the satisfactory investigation and appropriate utilisation of such investigation's outcomes. Considering the fact that theoretical questions are encountered by the various interpretations and conceptions of social reality, different paradigms emerged in order to define certain criteria, as per those which the researcher selects and states as the research problem. Thomas Kuhn cited in Dietze (2001) coined and defined research paradigm as a massive set of meaningful ideas, variables, issues, and concepts associated with the subsequent approaches of methodology and instruments involved. In the last few decades, new paradigms appeared, such as realism and constructivism and more recently pragmatism because of notable growth in research generally and within social science particularly. The two paradigms positivism and anti-positivism (or interpretivism) stood out most prominently. They are the two major research philosophies that have been identified in the Western tradition of science (Galliers, 1991).

3.5.1 Positivism

In regard to social society, positivism exploration relies on the philosophical concepts presented by August Comte, a French philosopher, in the early nineteenth century. According to him, reasons as well as observation are used to comprehend human behaviour. He additionally claims that realistic knowledge is depend on experience and thus can be measured by experiments and observations. Moreover, avoiding bias or researcher's influence on the study outcome is one of the traits of this type of inquiry. Therefore, a researcher should pursue objectivity and maintain distance between researcher and participants to do this. Positivism approaches the scientific method in order to generate knowledge. However, it is required to be understood by the assumptions and principles of science. These assumptions are determinism, empiricism, parsimony, and generality, as noted by Cohen et al. (2011).

The deterministic assumption is a concept that states events are caused due to other circumstances and thus comprehending that the common relations are significant to predict and control. Empiricism on the other hand, means a compilation of accurate empirical evidence in order to cope with the theories or the assumptions made. Lastly, parsimony is regarded as another science assumption which refers to the demonstration of the phenomena in an economic way. The method of generalising the observation of the respective phenomenon is known as generality. With such assumptions, adding and arranging observations in a meaningful way or theories

considered uncertain are the ultimate goal. The concept behind the theory is to revise, as new evidence is found. Moreover, the positivist paradigm has been empowering academic research for the last few decades but was criticised from two alternative traditions – interpretive constructionism and critical postmodernism for lacking subjective states of the individual (Mack, 2010). For example, positivist researchers have been warned that if they assume positivist approach they should be independent from their study and the study should be purely external and objective. It considers that the behaviour of humans is passive and that it is determined or controlled by external parameters. Human beings have been robotising without taking their feelings and experiences into consideration and thus, their freedom has been transformed by interpreting it into social reality (Goldkuhl, 2012). As per the critics of positivism, objectivity is required for the transformation by subjectivity involved in scientific research (Asdal, 2005). This criticism comes forward as interpretivism. On these grounds, a positivist approach is rejected.

3.5.2 Post-Positivism or Interpretivism

Anti-positivism or interpretivism indicates that social reality is required to be interpreted by the interpretivist themselves according to the appropriate position. Thereby, knowledge is something that an individual experience rather than gaining it from an outside source. As per interpretivist, the reality is profound and complex and a single concept with multiple interpretations. Its emphasis on the phenomena that the verification is carried out when the level of considering the phenomena is associated

with the search of numerous unknown dimensions rather than establishing any particular link between the parameters.

Interpretivism includes three different sections of social science research. These sections are termed as ethnomethodology, phenomenology, and symbolic interactionism. All these sections have an emphasis on interaction between humans and phenomena with respect to the daily activities and propose qualitative upon quantitative approach for research. A theoretical viewpoint is phenomenology, which states that the behaviour of an individual is based on the experience one undergoes through direct interaction with respective phenomena (Cohen, Manion and Morrison, 2013). This theory excludes all types of external reality of objective. Husserl (1859-1938) and Schutz (1899-1959) are the two researchers considered to be the prime advocators of these thoughts. During the interaction period between human beings and phenomena, individuals interpret this and combine the ideas behind them with various actions and thus form new generations.

Therefore, it is required from the researcher to develop sympathetic understanding by individuals in order to identify the process of interpretation so that they can generate thoughts and motives behind the actions of others. An approach of phenomenology is ethnomethodology developed by Harold Garfinkel (2002) which deals with the daily life activities; as per ethno-methodologists, the theories consider the process with the help of which common sense is generated in everyday life interactions. This approach is concerned with the method in which individuals call on the basis of 'take-for-granted'

principles regarding the behaviours with which one interprets the situation of the interaction and making it meaningful. They are usually concerned with the interpretation people consider to make social settings sensible. Moreover, the symbolic interaction was coined by Cooley and Mead (2006), emphasising on the comprehension and interpretation regarding the interactions within the settings of human interaction. This approach is based on the individual's understanding of the actions of each other as an alternative to just reacting to such actions.

In the social world, human interaction is interspersed with various symbols such as language, helping humans to facilitate with the objects' meaning. Thereby, symbolic interactions claim that if only concentrating on the capacity of the individuals in order to create meaningful objects, then the interaction of human beings along with the resulting patterns can be understood as social organisation. It results not only in a change in human beings due to interaction but also societal change. Here, the two paradigms offered are associated with two varying phenomena regarding the social reality. While positivism endeavours objectivity, predictability, constructability laws, controllability, measurability and rules the formation of human beings, interpretivism focuses particularly on the understanding and interpretation of respective phenomena and offers the process meaning. Beside the existence of two major paradigms, one more paradigm arose at the time known as Critical Theory (Kumar and Phrommathed, 2005). On these grounds a post-positivism and interpretivism research approach were rejected.

3.5.3 Critical Theory

This research paradigm was developed by Jurgen Habermas (1971). Habermas was in search of an approach that investigates and puts forward associated actions in the social sciences and demonstrates the historical evidence limiting human beings to discover the ideological justification for such forces. Apparently, theorists such as Habermas were logically critical regarding the previous paradigms because they were tuned in a way to transform or question the current situation. Thereby, he proposed theories that were constructed on interest typology.

There, Habermas argues that when knowledge is attached to the preservation of self-identity, humans have an interest in that knowledge. Therefore, the object-domains of forms of knowledge, and their appropriate criteria of validity, governed by predictable law-like regularities that allow for certain types of methodologically controlled techniques of inquiry which determined by this interest-constitution (Habermas, 1971).

Habermas later postulated three major forms of interest offering three different types of knowledge (Habermas and Shapiro, 1978):

- Technical interest that is associated with the physical environmental control and the developing analytical and empirical knowledge.

- Practical interest, which is associated with the comprehension of the meaning of a situation that develops historical and hermeneutic knowledge.
- Emancipate interest, which is associated with developing critical ideas and growth of knowledge.

These critical theory theorists support two types of research methodologies in order to undertake research work known as ideology critique and action research. The critical theory paradigm has also been criticised by modern scholars such as Lakomski (1987). In addition, critical theorists majorly account linguistics in terms of the historical moment where the reality was interactively built upon language. The conceptual setting according to which society defines things is developed with the help of language. Language defines the directions and limitations regarding the observational process. Moreover, critical theorists consider that the conduct of the subjective-objective debate is challenging.

Hence, socially, the subjective-objective agenda is imitative and is not the natural one. These theorists have presented that objective practice is one which has been shown as subjective prominently. In the case of the research enterprise, these theorists idealise the positive relation of objectivity with the natural sciences, but the low positive relation with the subjectivity with regard to interpretative sciences. This can be assumed as the fact that defines the freedom towards the objective label along with the natural sciences. Concurrently, this is documented as a linguistic contraction (Kumar

and Phrommathed, 2005). The distinction between subject-object facilitates identity security and offers freedom to string groups in both organisation and academic research. This has resulted in misguiding viewpoints regarding the assumed associations between quantitative and qualitative research. However, if the subject-object conflict is resolved, then the objects in quantitative and in qualitative methods for research are shared socially, constructed historically and are general with respect to the social group. The approaches of critical theory are likely to depend on dialogic methods that join observations with a new approach, interviewing. This approach helps in promoting reflections. Thus, these reflections enable the researcher as well as the participants to look for an original state and further, challenging the mechanisms for order maintenance in order to draw back from conflicts. However, rather than demonstrating or titling, the critical theorist endeavours to challenge the guiding assumption.

Furthermore, critical theorists generally begin with a hypothesis of that what is good such as autonomy and takes ideas from a social group or organisation in order to reflect upon their current experiences and question them with respect to the values. Eventually, critical theorists do not only try to describe any particular situation from a specific viewpoint or value but try to change the situation. On the whole, however, the critical theory approach is rejected due to impractical considerations for the current research study as this study is not trying to change the viewpoint or value of any situation.

3.5.4 Pragmatism

Philosophers such as Peirce (1878), James, Dewey (1938) and Mead (1939) developed a philosophical paradigm known as pragmatism, which is formulated as a philosophic alternative to theoretical sciences. This philosophical paradigm has a clear foundation in terms of the empiricism. However, it usually includes a pure beginning to the observations with respect to the given reality. The foundation of human actions offers pragmatism to be the initial point towards a respective idea not yet understood by the world. Concurrently, Dewey defines pragmatism as

> "An empiricism which is content with repeating facts already past has no place for possibility and for liberty" 1931, p. 24-25.

This shows that pragmatism's main concern is not only about what 'is' but what 'might be'. Its prime interest with respect to the action in the pragmatism is not about how to conceive those because it ends in itself.

As per Dewey (1931), the role of action is a conciliator, as it is the method to adapt the existence of something. If one wants to execute changes according to the desired ways, then it must be governed by the knowledge and the intention. The world has been changing by purposes, the actions executed, and thereby there exists an indivisible relation between human knowledge and respective action. This philosophical approach can be considered as it completely acknowledges the penetration of action and knowledge with each other. There is a significantly emerging interest in this approach

observed in organization as well as informational studies. Researchers using a pragmatism approach would use a combination of methods data collection in order to find solutions for practical problems, whereas this research study tries to uncover meaning from the data. Pragmatism can be observed as a feasible alternative regarding the two opposing paradigms that are positivism and interpretivism.

With respect to fundamental ideas within pragmatism that discussed above, it involves the hermeneutic objections along with the constructivist interpretivism. Nevertheless, these objects of the pragmatism philosophy to post-modernistic relativism are found in certain aspects of anti-positivism. Pragmatism acts in response to extravagantly emphasized subjective interpretations for example there are several possible interpretations of the concept. However, not all interpretations are appropriate when compared to others. The only way that keeps it out of a realistic dilemma is if the practicalities of the concept are generated. Thus, it does not only make a sensible interpretation, but it makes interpretations practical (Kumar and Phrommathed, 2005). Furthermore, the inquiry concept of Dewey is the major application for pragmatism understandings in research (Goldkuhl, 2012). Therefore, Dewey defined this concept as inquiry being

> "the controlled or directed transformation of an indeterminate situation into one that is so determinate in its constituents, distinctions and relations as to convert the elements of the original situation into a unified whole" (Dewey, 1938, p108).

More specifically, according to (Cronen, 2001, p 20) inquiry is taken

> "as a natural part of life aimed at improving our condition by adaptation accommodations in the world"

These statements mean that inquiry is a term that refers to the investigation of certain parts of reality having the intention to create knowledge to sustain a controllable adaption of the respective part of reality. These inquiries or investigations are carried out for certain scientific purposes or regular life activities. For example, inquires made to control and/or change a natural part of reality in life by knowledge creation. Here, another philosopher, Pleasants (2003), presented his criticized view about the inquiry idea just for the simple reason that it does not offer accuracy regarding differentiation seen between science and non-science. For example, Pleasants (2003) believed that in some cases it is hard to differentiate between the social and natural sciences; as a result some form of pragmatism is the best perspective from which to view this difference. However, when observing these critics under Dewey's terms inquiry of this philosophy should be considered as a systemization of natural actions made by human beings in order to attain improvement of the situation. Thereby, the inquiry should be taken into account as grounded in ordinary initiatives presented by a human for the sake of betterment rather than something entirely distinctive. Concurrently, there is a list of labels that refers to Dewey's (1938) inquiry notion, for example action science, pragmatic-systemic inquiry, development action injury, practical inquiry and pragmatic inquiry. On these grounds, a pragmatism approach is rejected.

3.5.5. Constructivism

Basic theory grounding on the observations and scientific study is known as constructivism regarding how people learn. According to exertion of this theory, people build their own understanding of the world by the means of experiencing various issues and reflecting their thoughts on those experiences (Gray, 1997). When individuals come across certain aspects unusual to them, they reconcile their thoughts with previous experiences and ideas, which might evolve what one believes or discard the new experiences or information if found irrelevant. However, an individual is his own creator of knowledge and accumulates which questions need to be asked, explores new phenomena and assesses knowledge. For example, the constructivist view of learning in a classroom governs towards various teaching practices.

More generally, it motivates students to implement active techniques such as real-world problem-solving or related experiments so that they can create more distinctive and accurate knowledge; this changing in their understanding can be reflected by what they do. Here, the role of a teacher is to understand the pre-existing ideas and concepts of a student and guide them with the activities that let students address their concepts and work on them. As defined by the scholars Davis-Seaver, Smith and Leflore (2003), constructivism is the phenomenon of addressing the facts with respect to human intelligence, which are interacted by the activities undergone in reality. For example, in the current study the reality will be constructed as a product of participants'

intelligence interacting with experience in the real world. When the mental actions of humans are included to observe reality, constructivism is accepted (Davis-Seaver, Smith and Leflore, 2003, pp. 306-312). Additionally, constructivism considers and recognises the reality as a human mind construct, thereby it is observed to be a subjective element. Moreover, this approach of a philosophy paradigm is likely to be associated with relativism and pragmatism. Concurrently, this research philosophy relies on cognitive psychology as constructivism philosophy is based on cognitive psychology. However, familiarity of constructivism in terms of epistemology has risen in recent times. Contrastingly, the major difference between positivism and constructivism is associated with the fact that according to positivists, scientists are the prime generators of knowledge with the help of scientific methods, whereas constructivist's scientists construct the knowledge with the study participants and thus they disagree with the idea that knowledge can be generated only with a single methodology (Bruner, 1990).

Similarly, in terms of social studies, constructivism is primarily a philosophy with respect to the teaching, laying on the idea that the undertaking of students is formed by means of their reflection on experiences and thus comparing new knowledge with the knowledge they already had. This paradigm emerged from the philosophy presented by the 'Edmund Husserl's Phenomenology' (Husserl, 1970) along with the interpretivitisim understanding presented by Wilhelm Dilthey (Dilthey, 1979) and some other German philosophers, which is known as hermeneutics (study of meaning

or interpretivitisim). Previously, the scholars used the idea of hermeneutics to describe their historical documents and to define what the author intended to tell regarding that particular time or culture. Constructivists used general terminologies considering hermeneutics as the interpretation medium to demonstrate any idea from one vantage point or situation. Clegg and Slife (2009) took the phenomenon of hermeneutics even further by referring the work on this context presented by Heidegger (2008), according to whom the meaning of any phenomena, as well as of a finding, is the primary interpretive. Moreover, all the concepts or understandings are made under the pre-existing social setting, but still interpreting it and then reinterpreting itself reviews of these interpretations produce a deepening understanding of the phenomenon. For example, in the current study understanding will be produced through systematic interpretation processes where all participants have a chance to depict their perceptions.

This research study will employ the qualitative approach as a philosophical background. The ontological and epistemological positions in this study are constructivism oriented. Ontology is concerned with the nature of reality. Epistemology is concerned with nature and forms of knowledge. The constructivist paradigm accepts a relativist ontology (that there are several realities) and a subjectivist epistemology (that the researcher and participants co-create understanding) of the studied topic. Consequently, constructivism proposes the knowledge construction between the researcher and the participants, and therefore, knowledge and interpretation are

viewed as the result of interaction with others (Berger and Luckmann, 1991). In this research study, a subjective ontology and a constructivist epistemology have been adopted. The paradigm that underpins this research study is constructivist interpretive more specifically the social constructivist paradigm. As reported by Denzin and Lincoln (2011) the research is interpretive, and the researchers' predetermined beliefs and feelings about the real world will guide the research. Social constructionism is distinct from interpretivism, but they may share mutual philosophical roots. As per Guba and Lincoln (2011) the term 'constructivism' is defined as the social construction of knowledge. Charmaz (2006) stated that the terms constructivism and social constructionism have been used interchangeably in the literature and subsumed under the undifferentiated term 'constructivism'. The constructivist paradigm accepts a relativist ontology (that there are multiple realities) and a subjectivist epistemology (that the researcher and participants co-create understanding) of the studied topic (Denzin and Lincoln, 2008).

In this instance, reality can be constructed socially through listening to the participants' perceptions and that will enable the researcher to apprehend the participants' actions. To understand the concepts and framework of nurse education of the clinical instructor's credibility phenomenon, and to understand the meaning and interpretation of research participants linked to the phenomenon under study this research position was selected. The flexibility of this approach was useful in implementing phenomenology to examine the phenomenon. It is the research philosophy that governs

the choice of research design and subsequent methodology; the discussion and justification of these will be present in the coming sections.

3.6. Justification for Social Constructivist (*Methodology)*

In order to attain the relevant findings and to facilitate the academic context of nursing in clinical settings, the philosophical approach chosen is social constructivism. The methodology associated with constructivism mostly depends on the qualitative research method for the data collection and analyses it further. However, in certain cases, a mixed method approach, consisting of quantitative and qualitative research methods, is considered. Social constructionism originated over thirty years ago in sociology (Andrews, 2012). It has been associated with the post-modern era in qualitative research and also referred to as interpretivism (Andrews, 2012). The term constructivism will be used throughout this study. Constructivism can be associated with a model building process whereas interpretivism can be associated with a model testing process. The aim of this study is to make/build meaning from the participants point of view. The interpretivist research focuses upon the meanings by those other than speaker/writer while constructivist research focuses upon the way that the writer/speaker makes the text from their point of view as a writer/speaker.

According to Vygotsky (1978) the addition of the prefix `social' to the constructivist perspective indicates the contribution of the social context to an individual's

constructions of reality. Social constructivists (e. g., Bruner, 1990; Vygotsky, 1978) recognise the role of social relationships on individual constructions of meaning, to some extent addresses criticisms by Martin and Sugarman (1999) of constructivism being overly individualistic. The individual is not viewed in isolation from their context, but in a holistic way that illuminates both the individual and social influences that contribute to their perceptions of each new situation they encounter, in the light of conceptual models built up from past experiences. This suggests the need for the holistic perspective adopted in this research, to encompass the influence of context and a full understanding of the individual's interpretation. Lincoln and Guba (1985) explain this when they say "Context is crucial in deciding whether or not a finding may have meaning in some other context as well" (p. 38). Andrews (2012) claimed that from social constructivists view knowledge and reality are created by the interactions of individuals within a society. Some researchers suggest that language predates concepts and allows an individual to structure the way their world is experienced (Andrews, 2012). This interpretive framework is useful in phenomenological research studies. For example, in this research study the knowledge can be created through interaction of triads experiences. However, few philosophical paradigms might seem to govern the researcher to select a qualitative or quantitative method and hence none of the research paradigms directs or restricts the use of any of the methodological approaches. Contrastingly, this flexibility does not suit the researcher firmed with the respective approach. In each paradigm, if it is intended to acquire an effective research, then both these methods are required to be implemented. Moreover, they would be apparently

poor if the use of qualitative and quantitative research methods at the same time were avoided. Paradigms such as pragmatism and constructivism openly favour mixed approaches as a research method and facilitate the questions to define the collection of data along with their data analysis methods adopted. The positivist paradigm is arguably not suitable for studying stakeholders' perspective of clinical instructors' credibility because the resulting observations may not completely reflect research participant views. As mentioned earlier in this chapter (section 3.5.1 page 134), positivism, in general, is based on ontological concepts such as realism, the view that reality does not exist independently of the researcher's experience (Cohen and Crabtree, 2006). Interpretivism on the other hand, claims that reality is either a social construct or that our knowledge of reality is socially constructed (Walsham, 1995). Generally, positivists employ laws and quantitative methods in the prediction of dependent variables based on independent variables.

Generally, Constructivists do not begin with a theory (as with post-positivists) but rather they "generate or inductively develop a theory or pattern of meanings" (Creswell, 2003, p.9) during the research process. This research study did not start with a theory but rather the researcher tried to create a meaning during research process using a number of qualitative data collection methods. The constructivist researcher is most likely to use qualitative data collection and analysis or a combination of both qualitative and quantitative methods. The purpose of quantitative data in this case is to

supports or expands the qualitative data and to deepens the description in an effective way. Constructivists hold fast to the relativist position that assumes

> "Multiple, apprehendable and equally valid realities"
>
> (Ponterotto, 2005, p.129).

Moreover, Constructivism holds that the reality is not an external single unit but it can be constructed in the mind of individual. Additionally, according to Ponterotto (2005) the meaning is hidden and it can become apparent by means of deep reflection and this can be supported by positive collaboration the researcher and participants. As this study is followed social constructivist perspectives, so it allowed the researcher to construct meaning from deep reflection with research participants (social actors). Constructivism as a paradigm was presented by Charmaz (2000); it actually first appeared as an alternative to other traditional paradigms. Charmaz supported the idea that a theory version grounded on constructivism takes a centre place among positivism and postmodernism. Moreover, it facilitates convenient methods to conduct a qualitative study in this century (Breckenridge et al., 2012). Apparently, the previous authors such as Antony Bryant and Adele Clarke (Bryant, 2002; Clarke, 2005) selected between the different versions while Charmaz's (2006) version endeavoured towards the modernism or post-modernism grounded theory. This selection of paradigm versions met immediate demand. Moreover, the method chosen by Charmaz (2000) appeared as the inductive creativity of the traditional methodology and therefore was also resonated due to recent demand of constructivism under the context of social

research. Epistemologically, constructivism views human knowledge as constructed in that it is contingent on convention, human perception and social experience, constructivism reveals that humans generate reality as they construct meaning from the surrounding environment (Berger and Luckmann, 1991). From the point of view of a constructivist, the meaning is not inactive with respect to the objects that are required to be explored; however, it is then formed as human interaction with the objects and relevant interpretation. In this study the meaning of clinical credibility concept can be constructed from the interaction among the triad. Constructivism, therefore, challenges the thoughts and concepts that there exist objective realities, which can be calculated or obtained with the help of research inquiry. The triad of perceptions will be explored in order to formulate a comprehensive meaning around the clinical credibility using appropriate research questions. Thus, it can be observed that constructivism is the only paradigm that complements the objectives of the research undertaken. Findings about constructions can also be used to help recognise constructed systems so that they are more effective. For example, in this study the constructed framework (came from multiple perceptions) to measure clinical instructor's credibility can be very helpful for in service instructors and for those who are in preparation to be clinical instructors. Silverman (2010) claimed that social constructionism recognises the subjective nature of research as in this study the individual perceptions and interpretations are identified. As a result of accepting the ideas of individuals who shape their worldview, the researcher can never be truly objective (Peterson, 2012). For example, in the current study, students, clinical instructors and lecturers are constructing the reality of

clinical credibility knowledge; therefore, the researcher can never be truly and completely objective. As the researcher in this study has preconceived ideas of the outcome of the experiment. As a result, the researcher can bring certain values, expectations and assumptions about the study participants and the study process which may bring deep interpretations or meanings attached to the clinical instructors' credibility from the data findings.

This researcher views data through the prism of his/her own thoughts, ideas and experiences, this data can be undeniably affected. Therefore, constructivist researchers are better placed to notice when their views are placing a bias angle upon the data (Cupchik, 2001). Although there are underlying problems inherent in the use of relativist constructionist approach (relativism remains a primary criticism of constructivism), their nature of subjectivity will account for them and accordingly make research more transparent. Social constructivism has been applied to various aspects of social life and has also been widely adopted in nurse research (Appleton and King, 1997). In Appleton and King's (1997) study they explore the philosophical underpinning of the constructivist research paradigm in nursing. They have come to the conclusion that constructivist inquiry clearly has much to offer nursing researchers examining the real-life nursing issues in both hospital and community contexts. However, in nurse education there is scant research the application of a constructivist perspective; but Garneau and Pepin (2015) did use the constructivist lens to explore the development of cultural competence in nursing. In this process actors engaged in learning in a continuous interaction with their environment among nurses and students

in a health and social services centre serving an urban population. The researchers conducted this study in the real-life setting of the social actors, so that it would allow them to examine comprehensively the actual experience of people interacting with each other in their own social environments. Therefore, this research study is trying to explore social actors' (students, clinical instructors and lecturers) perceptions in their natural setting (university) to gain comprehensive experience of social actors about clinical instructors' credibility.

Garneau and Pepin (2015) further stated that in a climate that has brought up the implementation of qualitative methods in nursing research, constructivism can offer the nurse a highly robust and practical framework for conducting a research. Therefore, this makes it an appropriate approach for this research; the constructivist paradigm strength seems to lie in the clear links that exist between its philosophical roots and the intent of its research approaches. Many constructionists such as Slife and Richardson (2011) agree that there is a "real world" in which we exist, which in itself is not constructed. However, human perception is biased by constructions and so our actions and their impact upon this real world are the results of social construction. The implication of this for research is that the objective truth is not necessarily possible to be found but should aim to create the greatest possible amount of knowledge and understanding of constructions and as a result human behaviour and interaction can be easily understood (Checkland, 2000). Similarly, constructionist approaches to this study recognise that we cannot create a definite credibility description, as there are no

perfect or true constructions, but it can be attempted to create the fairest possible shared construction of the credibility concept (Degoey, 2000).

The task of this research study is to discover the personal perspective of participants concerning the attributes of clinical instructors' credibility. Due to the strong links to the topic of research and the applicability to the research question, social constructionism is the most appropriate philosophical view for this work. The effect of using a social constructionist perspective is that any methods chosen must be able to accommodate and represent multiple understandings of the concept of clinical credibility. So far, this chapter has discussed research paradigms. The following sections will discuss research methodologies.

3.7. Rationale for undertaking phenomenology and social constructivism

Phenomenology has been used in research in a number of ways by many famous philosophers such as Kant (1770), Hegel (1770-1831), Heidegger (1889–1976), and Husserl (1900–1901). The term, which was introduced in 1764 by Immanuel Kant, comes from the Greek word 'phainein', meaning 'to appear', his view of phenomenology was formed according to constructivist philosophy, and described phenomena as being formed by cognitive subjects, i.e. human beings. Based on the constructionist view, humans construct what they know, whereas in the phenomenological view, the subject

knows what it constructs, although this is not a physical presence rather it has a presence in the consciousness (Rockmore, 2011).

According to Kidd (2004) constructivism is concerned with individual psychology and how, from a phenomenological perspective, the construction of accounts of the world are created. Kant used the term "phenomenological constructivism'' to describe the perspectives offered by constructivism. As this is the concern of the current research, a constructivist theoretical framework was adopted. Due to the dearth of empirical and theoretical research on the phenomenon under study (i.e., the concept of clinical instructors' credibility), and the geographical context specificity (i.e., clinical instructors in Iraqi Kurdistan), a qualitative inductive research epistemology has been adopted in this research study (Gray, 2004) by applying a phenomenological constructivist perspective. Social constructivism is an interesting aspect of phenomenological study, which examines the experiences of individuals (Moustakas, 1994), and originates from a background of symbolic interactionism and phenomenology. Berger and Luckmann's social constructionism (1991) has its roots in phenomenology and is linked to Heidegger and Husserl through the teaching of Alfred Schutz, who was Berger's PhD adviser.

Generally, according to the phenomenological approach research questions are answered by provoking the lived stories of the participants. In this research paradigm, the individuals' lived experiences are valued as a key source to comprehend the phenomena under study, which are as complex as the people who experience them

(Laverty, 2003). That is to say, the phenomenological constructivism approach can enable the researcher to open up a part of human experience in order to produce a comprehensive and realistic description of the phenomenon that is experienced by an individual or a group (Rockmore, 2011). Consequently, the meanings of social actions and situations can be clarified and illuminated. Through the use of phenomenological constructivism lens human experiences (the triad) can be explored to produce a comprehensive and realistic description of the clinical credibility phenomenon.

Adopting a phenomenological constructivism position generally has two implications (Howell, 2013). First, the phenomenon being investigated is likely to be complex, multifaceted and may contain inconsistencies and contradictions, because it is a product of both individual and social processes. For example, the concept of credibility it is one of the multidimensional, more complex concepts and is not as well understood as it should be. It seems that social constructivism is compatible with phenomenology as the classification-of-facts or taxonomizing system which is the hallmark of phenomenology is consistent with human societies constructing the facts, and the categories into which facts can be classified. So, the philosophy of constructivism can be linked to phenomenology (Berger and Luckmann, 1991).

The philosophical approach of phenomenology is based on understanding the world from the individual's viewpoint, based on the assumption that people actively construct their worlds. As a consequence of the individual nature of interpretation, each person's

view of `reality' is regarded as unique. Kantian constructivism brought constructivism and phenomenology together in a single epistemological argument (Rockmore, 2011). As discussed earlier, constructivism goes back to ancient Greek mathematics. Euclidean geometry relies on the construction of plane figures with a straightedge and a compass as a form of proof. In the Critique of Pure Reason, Kant explains more than once that mathematics, which constructs concepts, differs from philosophy, which analyses them. Epistemological constructivism applies this mathematical principle to the general problems of knowledge. The result is a theory of how the subject knows phenomena that, as a necessary presupposition, it is said to construct(Howell, 2013).

Kant's epistemological constructivism (1771), and hence his incipient phenomenology, is clearly promising but fraught with difficulties (Rockmore, 2011). In his Copernican Turn, Kant stresses that the subject knows only what it constructs, while famously failing to explain what that entails. Kant never provides an account of the activity through which the subject constructs its cognitive objects, an activity which, he claims, cannot be brought into consciousness. Kant's critical philosophy is crucial to understanding the epistemological thrust of phenomenology. From the phenomenological angle of vision, Kant is an epistemological pioneer. Kant, who was preceded by Lambert as well as many ancient writers who speak about phenomena, did not invent phenomenology. But he advanced it in ways that are still not well understood, and all later phenomenologists stand in Kant's debt. Concerning

epistemology, later phenomenology consists of a series of efforts to improve on the Kantian version.

Burrell and Morgan (1989) claim that the phenomenological constructivist perspective tries to understand and explain social reality from the social actor's perspective. Similarly, this research study is trying to understand and explain the clinical credibility as a social reality from the point of view of the triad. Thus, any attempt to fathom social reality (in this case, teacher credibility) must look at the social actors' (students, clinical instructors and lecturers) (in)direct experiences of that social reality. Thus, knowledge (i.e. truth and meaning) is a subjective, social interpretation (Walsham, 1995; Creswell, 2014). As there are different ways of interpreting any phenomenon there can be numerous, equally valid interpretations of any social reality. In this study the researcher endeavoured to explore all these different interpretations of the concept by the triad in order to obtain a comprehensive understanding about the phenomenon.

Social phenomenology is a branch of sociology that attempts to expose the role of the human being in the production of social action, social situations and social worlds (Jesus et al., 2013). As a result, this study is using social phenomenology in social construction of clinical credibility through exposing the role of the triad in construction of the clinical credibility concept at nursing universities. Basically, phenomenological belief considers society as a human construction. In 1964, Berger and Kellner applied social phenomenology in their study of the social construction of marital reality. Based

on their analysis, in any marriage two individuals from different life worlds are brought together and put into such close immediacy that their two life-worlds meet and from the two different realities one convergent marital reality is formed which then forms the primary social context from which the two individuals interact and function in society (Berger and Luckmann, 1991). In this construction of social reality (i.e., the marriage) a new social reality comes about as a result of private conversations between the couple and is then strengthened significantly through their interaction with others. Over time a new marital reality emerges that contributes to the formation of new social worlds within which each spouse functions. In the same way learning environment at nursing schools include individuals from different educational and background level are brought together. Any reality in this leaning environment can be constructed from the meeting of all these different realities that then form a primary social reality from interaction between social actors (the triad in this study).

The main aim of social phenomenology is to describe what occurs during human interaction, situational structuring, and construction of reality. In this qualitative phenomenological study of triad's perceptions, the interpretive framework of social constructivism has been applied by asking the research participants open-ended questions (as suggested by Creswell, 2013, p.25). This approach allowed the research participants (all the triad) to fully and freely describe their own experiences. As discussed earlier, phenomenology shares some features with constructivism (such as an exploration of participants' behaviour) and uses similar techniques to collect data

and look for emerging themes in interviews or other data to understand a context or phenomenon.

Phenomenographers claim that people experience aspects or objects in different ways (Koch, 1996), therefore the current research requires the experiences of each participant to be viewed from the perspective of their particular context. Dahlin (2007) states that, according to variation theory, there is a non-dual relationship between perception and the world and between knowledge and that which is known. Furthermore, social actors (in this study they are lecturers, clinical instructors and students), may experience different aspects of a phenomenon in different ways depending on the physical-temporal context.

The stakeholder's perspective of the various aspects of a phenomenon changes; that is, their ways of construction can change. What this suggests, for social constructivist researchers, is that social actors are continuously constructing and re-constructing their experiences and conceptions of their reality through their interactions with each other and with the world around them (Galbin, 2014). Furthermore, the way in which learners express themselves may be affected by technology. From the constructionist position, the participant's or researcher's viewpoint on a specific subject at any given time is constructed through interaction between the individual and the phenomenon(-a). For example, the participants and their prior experience, the participants and their socio-cultural origins, and the participants and the language they use to express their descriptions. According to constructionist phenomenography, participants continuously construct, form and re-form their conceptions of credibility according to different contexts of interaction (Howell, 2013). Thus, stakeholders

can actively elucidate their perceptions regarding clinical credibility by constructing who are credible clinical instructors according to their context. The "constructive nature of conceptualization" reveals differences in how individuals understand the same aspects of the external world" (Svensson and Theman, 1983, paragraphs 7-8). An example of this is that a number of individuals who see the same incident can give different accounts of what they have witnessed but all may be correct. According to scholars of social constructionism, individuals' conceptions constantly change through language (Berger and Luckmann, 1966). In addition, people may understand their conceptions to form an existing, objective reality. Thus, by adopting a phenomenological constructivist perspective, this thesis seeks to interpret, understand, and explore socially constructed phenomena from a number of social actors, in order to understand the social construction of the clinical credibility concept in nursing education. It tries to understand multiple, but equally valid, interpretations of social reality in order to obtain clarification and insight into the situation.

3.8. Qualitative Research Design

In qualitative research, hypotheses arise through collection of data and analysis and the researcher becomes the agent in the process. One of the main advantages of qualitative methods is that they have the potential to produce detailed descriptions of the participants' perception around clinical credibility and tend to focus on the "why" of phenomena. On the other hand, qualitative research methods are not without limitation either. Creswell and Plano Clark (2007) found that due to personal interpretations

made by the researcher, there can be difficulty generalising findings because of researcher bias. Also, because there is difficulty in generalising findings to a large group when there are a limited number of study participants, qualitative research can be seen as deficient. Although the popularity of qualitative research methods has increased, not all members of the educational community fully accept it (Anderson, 2010).

Qualitative research includes a diverse set of philosophies and techniques. A combination of reasoning and stakeholders' experience was taken into consideration to choose the methodology in this phase of the study. As stated by Borg (1963, cited in Cohen et al, 2011, p. 4)

> "Research is a combination of both experience and reasoning and must be regarded as the most successful approach to the discovery of truth".

The main aim of qualitative research approach is to examine and represent individual experiences and actions from a phenomenological perspective, as they encounter, involve, and live through situations, in the case of this research, triad experience regarding clinical instructor's credibility. With the purpose of understanding participant's constructions of meaning, it is important to pay attention to the situational context and culture in which they are experiencing the event and to the temporal context. Therefore, this approach assumes there is no fixed external reality to be objectively known but a fluid social reality that is co-constructed. The role of the researcher is acknowledged in this process, it is seen as their task to construct (or deconstruct) versions of this social reality.

As part of a research strategy in social research the researcher should consider several approaches in designing a qualitative paradigm. In the current work, the researcher considered the three approaches namely: grounded theory, ethnography and phenomenology as they were likely to be applicable to the purpose of this study. Selecting an appropriate approach in the research is challenging because of their superficial similarity in their aims, and because each approach promises to offer an applicable method of exploring the concept of clinical credibility from the perspectives of nurse lecturers, clinical instructors and students at HMU. The next section outlines a brief discussion explaining rationales for the eventual selection of phenomenology in line with social constructivist approach to explore the concept of clinical credibility and rejection of grounded theory and ethnography.

Grounded theory is an inductive methodology to discover or generate a theory by looking systematically at typically qualitative data such as interview transcripts or observations protocols. It was first developed in 1977 by Glaser and Strauss. According to Glaser and Strauss (1967) the main aim of grounded theory is to discover theories that have been grounded in the reality and inductively from the study of phenomena. The researcher has to be theoretically sensitive to related material while collecting and analysing data; this is called “theoretical sensitivity”. Data saturation will happen when no new data appear and all concepts in the theory are well-developed. This is called theoretical saturation. As claimed by Strauss and Corbin (1990), this approach typically emphases on unravelling the features of an experience. To generate a theory, these

features and the links between them should be studied. As a result, this will assist the researcher demonstrate an explanation about the experience nature for a specific number of people in a described situation (Strauss and Corbin 1990). In the grounded theory approach the researcher should begin with an area of study and then what is relevant is allowed to emerge from their research; however, the researcher is not start with a theory and then try to prove it (Strauss and Corbin 1990, p.23).

The purpose of this research study was to explore the stakeholders' perceptions through careful description. This involved endeavouring to explore perceptions instead of providing an explanatory framework. Therefore, grounded theory was excluded since this study needs an approach that allows for the perspectives of nurse lecturers, clinical instructors and students at HMU to be understood and explored rather than explained. To understand these perceptions, there is no need for a theory to be generated. There is, however, a requirement to understand the meaning of nurse lecturers', clinical instructors' and students' perceptions, instead expecting, interpreting and explaining behaviour.

Ethnography is another approach that frequently used in descriptive research studies to investigate social interactions, behaviours, and to acquire deeper understanding of cultures and people within their cultures, organisations and communities. The central aim of ethnography is to describe and discover the beliefs, practices and ethics of specific cultural groups and it also provides rich, holistic understandings of peoples' interpretations and actions. Furthermore, ethnography describes the nature (that is

sights and sounds) of the location that they inhabit, through in detail data gathering from observations and interviews. The main duty of ethnographers is to collaborate with the participants while they are in their own social settings during the study period and then document the cultural pattern, the perspectives and practices of the participants in their natural environments (Ploeg, 1999). The researcher collects the data through field work as they are a major instrument in the process. The reason is to 'obtain an inside view' of the way how the world is seen by each specific group of people. In addition, ethnographers will typically offer "thick description" of the participants and their cultural setting and to improve their quality of work, which typically requires the researcher to spend a period of time to directly observe and conduct interview with several important informants (Ploeg, 1999). In other words, using fieldwork and observation highlights how important it is for the researcher to be immersed in the data. As stated by Hancock, Ockleford and Windridge (1998) after close exploration of several sources of data the researcher makes an interpretation of the data that is from the participants' own viewpoints and uses the participants' own words without altering the utterances in the local language and terminology in order to demonstrate the phenomena under study.

However, an ethnographic approach will not be used in this research, because it can be problematic because the main ways of gathering these data forms are participant observation and in-depth interviews; these are time-consuming, since the researcher requires to involve herself with study participants in the field. To describe the cultural

pattern in ethnographic studies, intensive study for a long period of time and living in the subject's social setting are required. As a result, the researcher must examine and involve in at least some of the activities that undertaken in the field. Moreover, ethnography heavily depends on working extensively with a few participants. In addition, it distinctively emphases on individuals' perception on their natural setting in which they live and the way they communicate to their cultural group. Whereas, indeed this study examines the concept of clinical credibility from the perspectives of nurse lecturers, clinical instructors and students who may share cultural norms. If ethnographic viewpoint used in this study the focus would subsequently limit to what the study could possibly explore in terms of cultural aspects and restricting the study investigation of participants' experiences. Consequently, ethnographic perspective has been rejected in this study.

The phenomenology approach was used in this research study's qualitative phase. "Phenomenology" is derived from the Greek words "phenomenon", meaning "showing itself-in-itself", and "logos", meaning "reason" (Heidegger, 1962 p54). Heidegger extended his explanation of phenomenology and defined it thus:

> "Phenomenology is about making manifest what one is talking about in one's discourse" (Heidegger, 1962 p54).

At the end of the 19th century when incapability of dealing with the questions asked in human science was prevalent, phenomenology emerged to solve the crisis in the field (Sadala and Adorno, 2002). Phenomenology can be considered as a philosophical

perspective for the research or an approach to qualitative methodology. It has historically been used in many fields of social research such as sociology, psychology and social work. Furthermore, phenomenology examines how things appear through the act of consciousness or how things are experienced from the person's viewpoint. However, it will not present how things are in themselves, even if it is known that the given contains more or is different than what is presented. Phenomenology is a school of thought that underlines a focus on peoples' subjective experiences or condition and, through the narration of participants, studies the effects and perceptions of that experience of the world.

> "Phenomenologists distinguish phenomena (the perceptions or appearances from the point of view of a human) from noumena (what things really are) (Willis and Jost, 2007, p. 53).

The main aim of the phenomenologist is to understand different participants explaining the same phenomenon and how the world appears to them in particular. Phenomenology is a qualitative approach involving detailed investigations and descriptions of an experienced phenomenon precisely by the specific group of participants. So, while ethnography sees the researcher in the heart of the research setting, phenomenology is often connected with being able to go outside of the experience, for instance the researcher will stand outside the setting to view the world from above. In other words, the phenomenological researcher is presenting what peoples' life experiences are like. As stated by Smith and Osborn (2003) the aim of

phenomenology is to gain an individual's unique insight or account of an event or object, and not try to produce an objective explanation of the enquire. Furthermore, phenomenological scholars describe experience construction and raise questions about the existence of the natural world around us. Phenomenology is dealing with the world as well as with the human experiences in that world (Laverty, 2003). It is the examination of phenomena; it is a method to think about people's life experiences (Sokolowski, 2000). Due to individual's self-awareness, phenomenologists believe that being human is both motivational and important. Peoples' connection to their environments means they think, hear, see, feel and are conscious of their bodies' contact with the world. This is described as "being in the world" by Polit and Beck (2006).

To sum up, a phenomenological approach is the study of human experience and a means to describe the technique we learn to know our daily world. Showing the ordinary aspects of these experiences is of great importance. The phenomenological approach has been selected for this phase of the study because

> 'it allows the exploration of the human experience through contact with people in their natural environments, thus generating rich, descriptive data that helps gain an understanding of their experiences and attitudes' (Rees, 2003, p.375).

According to Maykut and Morehouse (1994) this approach aims to help understand the life experience of human and explore the meanings behind these. It is concerned with the physical and social environments of the world.

This study was based upon the phenomenological research principles, because the main aim was is to create a rich and comprehensive understanding of the concept of clinical credibility from the perspectives of nurse lecturers, clinical instructors and students at HMU. It allowed triad perceptions and promoted to explore and describe the deepest possible degree of participants' meanings. Such findings may in the future inform implications that must be considered for specific training for clinical instructors to enhance their clinical credibility in addition to their competencies. This study concerned with the meanings of their experiences including initially hidden meanings. The researcher's role in this research was to reveal, understand, reflect on and interpret nurse lecturers, clinical instructors and students' perspectives at HMU. Using phenomenological approach assisted to uncover the participants' needs, via listening to and understanding the attributes that linked to these experiences, which reflected their requirements, consequently they can maintain clinical credibility in the clinical setting. Since the transition from hospital based education into higher education the debate around the clinical instructor's credibility has increased (Fisher, 2005). In nursing and midwifery research, the trend of using a phenomenological approach has become more popular as a practical substitute to the exploratory approaches used in the social sciences. Phenomenological investigations enhance the improvements of empirical, moral, aesthetic, personal and socio-political knowledge. Phenomenology carries the ability to articulate the nature of human experience however, it is not concerned with evolving predictive and prescriptive theory. Husserlian and Heideggerian

phenomenology are two of the most important and well-known phenomenological approaches used in qualitative research that must be considered to achieve such an understanding. In the current study general phenomenological perspective was used.

3.9. Chapter Summary

Within this chapter the author has presented a clear rationale for the for the suitability of the selected research paradigm, design and approach, methods of data collection and data analysis undertaken for this study. Specifically, using social constructivist approach as the qualitative research design for approaching and answering the research questions and fulfilling the aims and objectives for this research study have been justified. Furthermore, in this research study a qualitative inductive research epistemology has been adopted by applying a phenomenological constructivist perspective.

Chapter Four: Methods

4.1 Introduction

The purpose of this research study was to explore the notion of nursing clinical credibility among students, clinical instructors and university lecturers (identified as a triad) in the Kurdistan region of Iraq. This chapter will provide an account of a description, rationale and justification of the methods used in this study. The design

and the study, populations, sampling and settings are discussed. Moreover, the data gathering process and the analysis plan are outlined. The ethical considerations related to selected methodology will also be illustrated. Studying nurse education, like all aspects of nursing, can be complex and challenging, because nursing science is a multidimensional discipline. It is significantly characterised by two principal paradigms that are broadly classified as the pragmatist and the informative models (Monti and Tingen, 1999).

According to Mutch (2005) educational research is a purposeful and systematic enquiry to solve a problem, illuminate a situation or add to existing knowledge. The choice of methodology for this research was a combination of philosophical assumptions and reasoning made by the researcher. When deciding on the research strategy, several widely accepted qualitative approaches in educational research were debated. All relevant approaches were considered and discounted to be used in this research study however phenomenological constructivism was considered the most appropriate approach for the purpose of this study. Choosing among these designs is challenging for the researcher because of their superficial similarity in describing what happens in any given situation. For example, each design promised to propose an applicable means of examining the experiences of research participants. Hence, a number of interrelated features must be considered while designing the study and developing the methodology. Various research methods were examined and checked to discover the one applicable to the present study.

4.2 Qualitative Research:

Qualitative research is an in-depth process of enquiry, investigating issues and understanding complex phenomena of interest. In qualitative research human lived experience is explained and clarified. Words are the main source of constructed data in qualitative studies rather than numbers. This qualitative inquiry involved semi-structured interviews and focus groups with student nurses, clinical instructors and academic lecturers. These were conducted at HMU in the Iraqi Kurdistan Region. The aim of the interviews was to gather qualitative data on the notion of nursing clinical credibility. Personal experiences were asked about in detail then recorded and analysed using the template analysis method which is detailed below.

4.3 Qualitative Design:

In the past few decades the methodology of educational research has been in constant development and shift from positivist-quantitative to interpretivist-qualitative. For example, Cohen et al. (2000) claimed that, the researcher is attempting to define the subjective experience of stakeholders in educational settings instead of trying to establish cause and effect in the educational setting. Consequently, this research study is trying to explore the triad's perception regrading clinical credibility. According to

Denzin and Lincoln (2002); Burns and Grove (2001) educational studies that focused on health issues have often used ethnography, action research, or phenomenology within an interpretive paradigm; therefore, this allows the individual experience to be examined profoundly and acquire a rich data from research material. In this study for exploring triad's perceptions concerning clinical credibility, a phenomenological design has been selected. Phenomenology is an inquiry approach in qualitative method used for exploring and understanding a single object or event. The rationale for selecting this approach is to describe the experiences of students, clinical instructors and lecturers accurately, not to generate theories (Bartlett et al., 2000). In this research study participants were asked to describe attitude, emotion, perspective and feelings on the notion of clinical credibility of clinical instructors in nursing schools.

4.4 The Setting of the individual Interviews and Focus Groups:

For the reason of accessibility and convenience, this research study took place at the College of Nursing, HMU located in Erbil, the capital and largest city in Iraqi Kurdistan where the researcher works as an assistant lecturer. The chosen college is the biggest and the mother college of nursing in Iraqi Kurdistan, with at least 400 undergraduate students, 20 postgraduates and approximately 50 academics and teaching staff. Erbil governorate covers an area of 15,074 square kilometres in northern Iraq. Erbil

governorate has a permanent population of 2,009,367 as of 2015. It is largely populated by Kurds but has minority populations of Turkmens, Arabs and Assyrians. What is more, it is the home city of the researcher, greatly facilitating the process of accessing data collection in transportation, budget and timeline. The nature of the study was discussed and agreed with the School Principal, who has readily agreed to grant access to participants. In addition, no previous qualitative study had ever been conducted in the Iraqi Kurdistan region which means that any large, representative university would have been suitable for the study. However, because clinical credibility is a phenomenon which has only recently been brought to light in the Iraqi Kurdistan region, generally academics may lack the motivation to participate in collecting data regarding this notion and so the decision was made to collect data from the researcher's university (HMU).

4.5. Sampling

Sampling techniques can be described as a series procedure followed by the researcher in order to reduce the amount of required data to collect. The researcher in sampling technique consider data only from a subgroup rather than all possible cases or elements as a result the time can be saved, as the data collection arrangement is more manageable when fewer people are involved in the study. Non-Probability purposive sampling approach has been used in this study. An assumption exists in non-probability sampling that there is an even distribution of characteristics within the population.

Based on this assumption the researcher believes that any sample would be representative and consequently the results will be accurate. As the elements will be chosen randomly in non-probability sampling, there is no way to estimate the possibility of one unit being included in the sample. However, there is no assurance that each item has a chance to be included, this make it impossible either to identify possible bias or estimate sampling variability.

Purposive sampling has been used in this research study which is a non-probability sampling technique also known as judgmental, selective or subjective sampling. Generally purposive sampling relies on the researcher's judgement to select the units (for example people, cases, events, pieces of data) that are to be studied. In comparison to probability sampling techniques the sample being investigated in non-probability is quite small. Robson (2002) claimed that the main reason of using purposive sampling is judgment by the researcher in regards of typicality or interest. In this research the subjects were selected purposefully because researchers are interested in particular characteristics of a population that will best enable them to answer research questions.

The studied sample might not represent the population, but this is not considered to be a weakness for researchers who conducting qualitative or mixed methods research. The researcher's main aim in data sampling was to gain a rich description of participants' perceptions of clinical instructors' credibility therefore purposive sampling focuses on certain types of individuals displaying certain attributes Berg

(2001:32). Additionally, Cohen et al. (2000:103) claimed that purposive sampling is the process of "hand picking the cases to be included in the sample based on their judgement and typicality". From the researcher's own experience of working as a clinical instructor in the College of Nursing at HMU and following extensive literature review students, clinical instructors and lecturers were the main stakeholders that were most likely to provide the data that hopefully answer the research questions.

In this research study, 16 interviews were conducted for the individual interview based on two main aims. To start with, this number was within the suggested rules, due to the fact the main data collection tool was interview, the sample was heterogeneous, the participants had a wide background in the field, and the main purpose of the study was to comprehend the viewpoint of stakeholders. Moreover, at this level data saturation was achieved. Following the primary contact, forty-two respondents replied to the invitation. After two or three reminders thirty one of the forty-two people agreed to attend an individual interview and focus group interview during the time of study. The response was generally that the students were very cooperative, and a large number of students showed their willingness to take part in this project. A number of students showed their enthusiasm and interest to participate in individual interviews and some other different students in focus groups. A total of 16 respondents took part in the individual interviews. Five lecturers, six clinical instructors and five students agreed to take part in an individual interview and another five from each interested group agreed to conduct the focus group interview (different from individual

interview). Some of the stakeholders declined to participate in the study (particularly lecturers and clinical instructors). The reasons given by them for not participating in the study were a considerable workload. The difficulties that the researcher faced with wanting to interview students, clinical instructors and lectures as a group were mainly the practicalities of getting such a group together and this was considered as a limitation of using heterogenous focus groups. Therefore, the researcher used homogenous focus groups each group of the triad has been interviewed separately

Table 4.1: number of participants

Research Sample	Students	Clinical instructors	Lecturers	Total
Individual interviews	5	6	5	16
Focus group interview	5	5	5	15
Total	10	11	10	31
Declined	0	7	4	11

4.6 Individual and Focus Group Interview Population:

Individual interview and focus group interview strategies for collecting data from lecturers, clinical instructors and nurse students in the College of Nursing of HMU have been used. The selected sample were the population available during the data collection process to be interviewed personally or in a group. There were three focus groups. The participants asked if they would like to be individually interviewed, then to contact the researcher, and they would be interviewed in-depth (Gopee, 2000). Three different sample groups were invited (see appendix k for sample inclusion); a group of all

nursing clinical instructors, a group of all second year nursing students and lastly a group of all academic lecturers at HMU/College of Nursing. At least the first five respondents from each group were interviewed individually until data saturation occurred; then the next five from every group were considered as a focus group. The foremost aim of conducting in-depth interviews is to personally elicit information on the interviewees' perception of clinical credibility. The purpose of merging individual interviews and focus groups is to increase validity and enrich the data. Respondents were invited personally or by phone to take part in the study.

4.7 Recruitment of individual and focus group interview participants

The recruitment of participants for research is critical and thus requires systematic procedures. As its going to be highlighted in the ethical considerations section, the first step of this process was to meet the Dean of College of Nursing/ HMU and discuss the study, including possible support from her in recruiting students, clinical instructors and lecturers. The Dean of the College of Nursing has been asked for a list of lecturers and clinical instructors' names who were teaching in the College of Nursing / HMU that can be invited to participate in the study. Subsequently, an information pack was sent

to them, which obtained a letter containing informing about the study and a consent form (see appendix F). After receiving an initial agreement from the respondents, the researcher contacted them personally or by phone to approve their willingness to participate in this research study, answer any preliminary questions they may have had and organise an expedient time and setting for the interview.

The Dean was very cooperative and offered the names of the head of the college departments, as well as a list of second year students. The dean personally spoke with the heads of the college departments (in order to encourage them) about the project and how they could assist in the research. The researcher then received a confirmation from the dean, giving permission to speak formally to lecturers, clinical instructors as well as students. The researcher also spoke with the heads of college departments in the university, including paediatrics, maternity, adult nursing, psychiatric nursing and community nursing departments. Furthermore, the head of departments have been contacted to arrange students' recruitment. The department secretary provided the researcher with a list of all second year students. An exact time and date were assigned to meet the students and explain the research aims and objectives.

The third step was to visit the departments and make introductions with the faculty members and discuss the project. The researcher met with a number of lecturers and clinical instructors and informed them about the upcoming interviews and focus groups; potential participants then indicated their willingness to take part in the study, and the researcher enquired about their availability. The researcher then visited the

second year student nurse class, introduced herself and explained the project aims and objectives again and informed them about the forthcoming interviews and focus groups. The anticipated sample size may be between 15-20 individual interviews and 12-20 focus group participants.

4.8 Sample Size and Data Saturation

As stated by Flick (2009) in qualitative studies there are no universal guidelines and standards about the informant numbers. Indeed, it is preferred not to be a large number which might make data analysis difficult, or too small which could make data saturation hard and lead to a shortage of information. On the other hand large sample size and big data makes it hard to analyse (Sandelowski, 1995). In order to identify a sample from the stakeholders in the current study the researcher used a purposive sampling approach. With the purposive sampling the participants have to be selected depending on the researcher personal judgment of those that best meet the research questions and objectives.

The single rule that followed for the sample size is that it must reach data saturation. Adequate sample size can be achieved when no new information arises. In other words, no new ideas, data, stories and issues should emerge from the interviewees or there will be repetition of the same data. According to Patton (2002) the degree of personal experience of the participants on the topic of inquiry may play a significant role in

determining the sample size. Therefore, questioning from four to six participants is enough to reach data saturation because the complete picture of the issue can be calculated in a short time with a high degree of accuracy (Kitzinger,1995; Carlsen and Glenton, 2011). Lastly, since qualitative studies are very labour intensive, a lot of time required to analyse a large number of respondents and often simply impractical. However, other supplementary factors such as heterogeneity of the sample (Kuzel, 1992), the experience of the interviewees (Romney, Weller and Batchelder, 1986) or data collection procedure (interview or focus group) (Guest, Bunce and Johnson, 2006), can be followed as a guideline for deciding qualitative studies sample size.

Mason (2010) proposed that in the homogeneous samples, six to eight interviews are recommended but twelve to twenty interviews are needed if the sample is heterogeneous (Kuzel, 1992). Regarding interviewees' experience in the research area Romney, Weller and Batchelder (1986) declared that a sample of four interviewees may be enough if they have a certain degree of experience to present comprehensive and precise data, high level of confidence can be achieved. Similarly, Morse (1994) recommended at least six interviewees if the study aimed to understand a core experience. Guest, Bunce and Johnson (2006) recommended that studies using interview as a main data collection approach are required twelve participants. This recommendation was on the base of a study that used 60 interviews; they discovered that after analysis of the first twelve interviews data saturation was occurred. 88% of the total number of codes has been produced from these 12 interviews for a total 60

interviews. the crucial components of the themes, representing approximately two-third of the codes created from total sixty interviews, were made as at a primary stage as after six interviews. Most researchers do not explain how they achieve these detailed figures even though these are practical strategies.

4.9 Data Collection Instrument

The individual and focus group interview schedule were generally developed in accordance with the research questions objectives and being informed by the literature review (SCT dimensions). In order to clarify triads' perceptions and experiences towards clinical instructors' credibility, themes from the SCT (Competence/ expertise, trustworthiness and caring) was used a basis for the interview question.

The interview schedule consisted of the following areas: What does clinical credibility of clinical instructors mean as perceived by the triad? What are personal attributes and behaviour and teaching skills of credible? The data were collected through semi-structured, audio-taped interviews and focus groups (see appendix D). Themes from the SCT (such as Competence/ expertise, trustworthiness and caring) was used a basis for the interview question.

A participant information sheet was offered (see appendix E) and written informed consent from the interviewee was obtained prior to starting the interviews (see appendix F). All participants were asked if they agreed to be tape-recorded. The semi-

structured interview schedule covered a number of items depending on the credibility source theory dimensions. In order to guide the flow of the participants interview and investigate areas of concern comprehensively, a semi-structured layout was used. open-ended and broad questions were intentionally used, to motivate the participant to define perceptions in their own words, thus revealing their convictions, observations and evaluations (Smith and Osborn, 2003; Johnson, Onwuegbuzie and Turner, 2007). Insignificant prompts were utilized to empower additional data. The discussion was summarised for the participant/s before moving on to the next question to ensure that answers had been understood properly. Furthermore, at the end of discussion participants were asked if they want to add anything else.

4.10.Research Permission and Ethical Considerations:

When researchers conducting any type of research on a living creature ethical consideration must always be maintained. Parahoo (2014) claimed that ethical issue is the most important part for undertaking research with human beings. Parahoo (2006) claimed that these ethical considerations should be considered throughout the entire research process from choosing the topic step till publication of the result of the study. Researchers using animal or human subjects in their research should protect the interest of research subjects by acting in accordance with local and state regulations and with relevant codes that established by professional groups such as IRBs, or Institutional Animal Care and Use Committee's (IACUC) outline of codes and

regulations. As this study pertains to human research, the research carried out according to the ethical codes and regulations outlined by DMU university. Throughout this research study Beauchamp and Childress's (1983) principles have been applied which include the following:

a) autonomy –respecting the right of the individual
b) beneficence – acting in the best interest of others in mind
c) non-maleficence – as within the Hippocratic oath "do no harm"
d) justice – emphasizing fairness and equality among individuals.
e) Confidentiality
f) Fidelity and responsibility
g) Justice

According to Saunders, Thornhill and Lewis (2009), ethics can be defined as "the appropriateness of the researcher's behaviour in relation to the rights of those who become the subject of a research project, or who are affected by it" (p.600). Throughout all phases of this research; from choosing and formulating the research topic to writing up and reporting the findings of the research, a number of ethical issues were arose and these ethical issues required special consideration. Generally, if human beings involved in the process of knowledge construction the research will not be free from ethical issues. Therefore, due care was important as this study dealt with human participants (whether in the interviews or focus groups) and has been conducted in a third world country that may include risks with freedom of expression. During research planning

period the researcher considered whether any type of harm could occur to voluntary participants and to ensure that mechanisms are instituted to remove it.

This study used social constructivist approach which examined students ', clinical instructors' and educators' perceptions about clinical instructors' credibility. The procedures for maintaining ethical standards in this research study are explained in the next paragraphs. The researcher in this approach had to be skilful and aware of ethical issues especially as it directly related to human subjects. Ethical approval for the study has been granted from the Ethic Committee of Health and Life Science faculty (DMU) prior to the data collection process (see appendix I). The 'golden rule' of research ethics states that 'you should do unto others as you would have them do unto you'. It is a maxim of altruism that is found in many religions and cultures. This is the most common way of defining code of conducts that differentiate between acceptable and unacceptable conduct. It is a great rule to live by especially when it comes to honesty, values, ethics and having consideration for the needs of others. Therefore, during the planning stage, a careful assessment of risk versus benefits was made. A summary of the potential risks identified during the planning stage of the study and the strategies putted in place to minimise these risks and has been approved by DMU research ethics committee (see Appendix J).

4.10.1. Methodological Ethics: Ethical Considerations in Using In-depth Interviews

In the interview context the traditional role of the researcher has been one of control and authority. However, one thing is out of researcher's control in an interview setting, is how a participant may react to the questions they are asked. In the interview some participants may be unwilling to some of the questions, or they refuse to tell personal information and later on regret it. The role of the interviewer is a tricky one. Therefore, the interviewer must be aware and attentive to each of the ethical dilemmas that could arise. In this study the researcher tried to engage participants on a topic without portraying herself to be the participant's therapist, counsellor, or confidant. The researcher followed Dillon, Madden, and Firtle (1994) principle to listen to and converse with each participant in a manner that is respectful, receptive and attentive.

According to Dillon, Madden, and Firtle (1994), the interviewer must do the following in order to be effective:

- Avoid appearing superior and make use of only familiar words
- Put questions indirectly and informatively
- Remain detached and objective
- Avoid questions and question structure that encourages 'yes' or 'no' answers
- Probe until all relevant details, emotions, and attitudes are revealed
- Provide an atmosphere that fosters the respondent to speak freely, yet keeping the conversation focused on the issue(s) being researched (p. 124-125).

Informed consent

As claimed by Polit and Beck (2006) consent in research is a process of voluntary agreement to participate in a specific research study. This decision can be made based on the full disclosure of sufficient information that enable the participant to weigh up risks and benefits of the research. In this research study, in addition a request letter addressed to the Dean of the College of Nursing at HMU asked permission of involvement of nursing students, clinical instructors and lecturers in the study, which has already been approved. Permission from the Dean were sought, however, the consent from participants were individual. With the permission of the Dean and the participants' willingness to be involved, interviews were scheduled based on their availability. Research permission application was contained the description of the study and its significance, approaches, samples, and research position. A consent form was developed. The form stated participants' agreement to be involved in the study with protection of their rights (See Appendix F). Informed consents were taken from all participants to record their voice prior the interview discussion. It was clear from the consent form that all study data will be saved securely and destroyed 10 years following the research completion. During data collection the communication was only maintained between the researcher and participants.

Respect for human rights and dignity.

In this study the researcher attempted to protect the human right and she followed the principles of Behnke (2004, p. 88), "and the rights of individuals to privacy [and] confidentiality…". Throughout all phases of the study the researcher upheld the respect,

dignity, and worth of all participants. The researcher made sure that not to influence or push any of the participants into disclosing any private information that they may have later regretted. At the beginning of each interview, the researcher addressed this ethical dilemma with the stakeholders and told them to tell the researcher if they felt uncomfortable with any of the questions. Every single participant was assured that anything they said would be held confidential, to the fullest extent possible, and that any quotes that planned to use, of theirs, would be reviewed with them beforehand. The participant information sheet was clearly explained participant's right to withdraw from the study and they assured that their personal details would remain confidential. The researcher was aware of data privacy concerns, she attempted to reassure the participants by informing them before the interview that their answers would be used only for the purpose of scientific study and providing their names was completely unnecessary. All the participants were treated with the utmost respect and this respect also applies to all of the participants' data that have been obtained. In this study a copious amount of data to transcribe have been generated in the in-depth interviews, and it was ensured that participant's data be recorded with the best clarity possible. It was of great importance to check recording devices were effectively working, and it was imperative that the participant's and the interviewer's words could be heard clearly during the interviews. Each interview is organic and cannot be recreated. Therefore, it is so crucial to the study that the researcher/interviewer checks to ensure that each interview is being recorded because this mistake can be very disrespectful to the participant. The participant has given up their personal time to speak with the

interviewer on a matter that they feel needs a voice. This crucial mistake has been avoided by doing a voice check at the start of each interview. Additionally, showing respect and dignity to all participants can also be shown in how the data is stored. For example, if the data is not protected and personal information on any of the participants is leaked, this shows disregard for the protection of the participant's information and identity. This has been avoided by storing the data on a personal, password-protected computer. Furthermore, participants were also informed that the audiotapes would be destroyed after use.

Confidentiality and anonymity.

When conducting interviews some ethical issues may arise for example the interviewer or participant exploring into areas unexpected at first (Allmark et al., 2009). Obviously, when a participant divulges too much detail problems can happen. In addition, participants may not want to disclose private information and did not realize he/she had revealed such information. No matter what the cause is, the problem occurs when this information used as a quote or comment in the researcher's write-up. Allmark et al. (2009) claimed that individuals may not be identified by the public, however they may be well identified to peers who participated in the same study or research context. In this study the researcher tried to minimize this ethical issue by employing two strategies. First, at the beginning of the interview the researcher tried not to probe into any areas of the participants' personal data that they did not wish to share freely. Second, in the stage of writing-up, participants have been asked to member check every

comment and quote that have been used. According to Lincoln and Guba (1985) a member check is a process of continuous checking the data, analytic categories, interpretations, and conclusions with the research participants.

Confidentiality were honoured to research participants. Interview and focus group participants were assured of their confidentiality, they were assured that all the information will be protected from unofficial use, access, modification, disclosure loss or theft. Considering confidentiality in research is crucial in order to build a trustful relationship between participants and researcher, and to the integrity of the research project. The importance of confidentiality has been confirmed by many researchers, for example Johnson and Christensen (2012) argued that "maintaining the privacy of the data from the research participants is essential to the conduct of an ethical study because participants can be harmed when their privacy is invaded or when there is a violation of confidential information" (p. 122).

Another ethical issue related to confidentiality may arise in interview is the use of indicators in the writing-up of the findings. The number of participants in qualitative research is limited therefore indicators can be used to describe them another way they could be identified. An example of that is the use of personal pronouns to describe a participant's gender (such as: he, she, him, and her) can be utilized to help identify a specific participant. In addition, other indicators can be used to identify a particular participant depending on the diversity of the sample such as describing a participant's

age, nationality, ethnicity, social and economic status and even their education level may put a participant's identity in jeopardy. In order to eliminate these possible issues, the researcher used such indicators to describe the participants as a whole. For example, there were three groups: (a) a group representing lecturers, (b) another group representing clinical instructors, and (c) another group representing students. Instead of describing one participant's age the researcher described the groups' age range. By doing so, the population of each particular sample was still represented without identifying an individual participant. Numbers were used in most cases to protect the identity of the participant. To maintain anonymity the researcher assigned a unique identifier, numbers from 1 to 6 for each stakeholder instead of their names when using direct quotes in any written reports and publications from this study. The use of a number and not a participant's name or pseudonym reflects of the professionalism of the researcher's background in research ethics and the professional approach in which participants are addressed.

Beneficence and nonmaleficence:

According to Beauchamp and Childress (1983) one of the concepts in research ethics is that the research should produce some identifiable benefit. Throughout human history the universal ideal is found that it is most preferable for human to love doing good things than bad things, and to love our neighbour as ourselves. Generally, technology has been used by individuals in attempt to make human lives better and easier for many years, and according to the ethical principle of beneficence humans should try to make

their life better continuously. Boyd, Ratanakul and Deepudong (1998) claimed that this ethical concept is grounded on the insider motivation of human being in order to love doing good rather than harm and this can be stated as love or compassion. In this study the proposed beneficence was to gain a clearer picture of the clinical credibility concept among different social actors in order to provide a comprehensive framework for clinical instructors to follow in maintaining their credibility.

Additionally, before taking part in the interview respondents were informed of the research aim and procedures by a Participants Information Sheet (PIS) which included a detailed and complete explanation about the aim and objective of this research study (See Appendix E). In this research study deceiving participants about the nature of the research were completely avoided. Furthermore, participants were also provided with phone numbers and email addresses of the researcher and research supervisors in order to maintain communication during and after data collection regarding the research issues.

Non-maleficence is the principle of non-harming or inflicting the least harm possible to reach a beneficial outcome. It is "avoiding harm, risk, or wrong to those being studied" (Smith, 1995, p. 481). Since through this study, participants have been asked to recall and reflect back on their personal experience, this may have evoked some negative emotions. It has been ensured that this research undertaken with the appropriate levels of responsible conduct. The researcher safeguarded that all the participants not be

harmed psychologically, emotionally or economically. Consequently, during the planning stage a careful assessment of risk versus benefits was made. As discussed earlier that this research study is conducted in a third world country that may include risks with freedom of expression. Students might be afraid and uncomfortable to describe their teachers. This was taken it to consideration students were assured that no harms will be done to them and their perspectives will not affect their evaluations. Fortunately, this type of response never occurred during the study.

Relationship and Power

Power dynamic was another ethical issue that the researcher tried to address and reduce in this study. When asking a sensitive question to a participant, the interviewer role may become closer to that of a counsellor, therapist, or merely a confidante, particularly when there is a series of discussion sessions. In addition, a participant may be misled by the "apparent counselling methods of the interviewer; as such this may lead to the participant feeling disappointed by the lack of therapeutic intent revealed later" (Allmark et al., 2009, p. 6). In no way the interviewer should portray themselves as a counsellor, therapist, or confidante to the participants of this study. In order to prevent this type of "false" appearance in this role, the researcher tried to not give personal advice to any of the participants in this study.

Participatory research practices are becoming popular in research with children and young people, while these may reduce some ethical concerns however new ones may arise. For example, university faculties who include students in their qualitative studies as main participants usually face methodological and ethical issues. Ethical problems arise from teachers and student's relationship, and abuse of this the fiduciary relationship may occur if the teacher has a binary role as researcher with these students. This is a major issue when a faculty conducting a pedagogical research in their disciplines where students are main research participants, but they are captive in the relationship. According to Public Welfare Act (2001) captive participants (e.g., students) are those population who are in restricted or dependent relationships with the researcher and their ability for voluntary consent is restricted by their susceptibility to the researcher's power. As this research study was educational research and students had to be included as main participants, the potential for abuse of using teacher/researcher power remain an ethical issue needed to be considered.

In this research study the researcher tried to follow, deontological ethical framework of Schuklenk (2000). Schuklenk stated that researchers should consider participants to be moral agents and they should be concerned with a fundamental respect for individual's autonomy and the motivation for action. Within this scheme researchers are concerned with morally adequate action and to treat participants as individuals in a way that reflect respect for their being and not for their use. Consequently, researchers who following deontological ethical framework need to motivate by respect for their participants and their students.

Under no circumstances the teacher/researcher should not intended to put pressure on students in order to take part in the study. However, sometimes this fear may arise from the intrinsic power relationships between educators and their learners. For example, students might feel their relationships with teachers will be at risk if they refuse to participate, such as lower grades, lower evaluative outcomes, fewer learning opportunities, or generally slower progress. In order to overcome these possible issues second year student were included in this study for two reasons. First, these students did not know the researcher, they have not been taught by the researcher in the past years. At the time of data collection, the researcher was left the HMU for three years. Second, clinical teaching classes at HMU will start in the second year so the student have a chance to describe and evaluate clinical instructors.

Another ethical consideration should be taken into account while conducting in depth interviews is the interviewer engagement with a participant. Generally, the common occurrence in any interview is the interviewee telling a story and the interviewer simply try to agree what is participant saying in order keep them engaged in the conversation, using words such as “uh, huh,” “right,” “okay,” “sure”, and “yeah,”. This is may be acceptable language to use in a friendly conversation, whereas this is not to acceptable for an interviewer conducting an interview because it shows the agreement of the interviewer with what they are saying. The disadvantage of using this language may prohibit the participant from trying to explain everything in-depth if they believe that the interviewer knows what they are saying and agrees with what they are talking

about. As a result, this may show a false representation and the participants may feel vulnerable or used. To prevent this issue from happening the researcher tried to be aware of using such words as, “uh, huh”, “right”, “yeah” when engaging with the participants. Instead, she tried to tell the participants to “go ahead” [with what they are saying] or “okay, please, continue” to ensure that the layout of the conversation had not been shaped by the researcher the layout of the conversation. The researcher have found that using these types of words in conjunction helped to promote the participant to speak more in-depth during the interview.

Fidelity and responsibility:

As stated by American Psychological Association (APA)’s code of ethics, “Psychologists are concerned about the ethical compliance of their colleagues’ scientific and professional conduct” (Behnke, 2004, p. 88). The APA’s Ethical Standard 1.05 stated that an exception may be made when “intervention would violate confidentiality rights… [the researcher] is then faced with an ethical dilemma that requires choosing between the principle of fidelity and responsibility, on one hand, and confidentiality, on the other” (Behnke, 2004, p.88). That is to say, when deciding to carry out a research study one should stay true to a code of behavior that supports his or her initial protocol. If another researcher finds that the original protocol is not being upheld and that the breach of protocol could lead to potential harm of a participant or researcher, then that researcher has the responsibility to report the possible violation. Ethical Standard 1.05 gives priority to confidentiality, whereas the researcher’s responsibility is to report

anything that can be used to help protect the participants and the public from any possible harm. In this study, it was researcher's responsibility to ensure that any dilemmas that arose were reported to research advisors.

Justice:

The Belmont Report states that an injustice "occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly" (United States, 1978). In this study justice of all people having equal access to participation was made by having two different data collection method. The first individual face to face interview and the second was focus group interview. By offering two ways in which the participants can volunteer, it has been anticipated to maximize the number of individuals who may want to participate in this study while also trying to accommodate the various methods in which people may feel more comfortable to participate.

The sample of students focus group was biased toward female respondents. One of the reasons for this bias could be seen as cultural and that fact that women are not as comfortable using technology, female respondents didn't want to be video and/or audio taped. Information technology in the Iraqi Kurdistan region has a strong effect on individuals and shaping relationships between people. However, for women, even though the Internet and mobile phone usage creates a new space for them to interact

with the world it has also offered new challenges based on the cultural code of honour. There is a new space for the reproduction of structural violence and women in Kurdish culture are afraid of being video or tape recorded. As a result of employing two different data collection methods each participant's interview process made different but equal. Female students participated in the focus group and all male respondents were interviewed individually. A table from appendix (G) showed that all students that interviewed individually were male.

4.10.2. Methodological concern in conducting focus group interviews

Punch (1986) claimed that the ethical issues in focus groups are similar to those raised in other qualitative approaches. However, Smith (1995) argued that particular ethical concerns may generate by focus groups also require consideration. When audio or video recording is the primary source of data collection ethical issues regarding invasion of privacy may arose. One of the main ethical problem in focus groups is that what the participant tells the researcher is integrally shared with other members in the group. As a result, serious invasion of privacy concerns may arise in which effectively restricts the types of topics that the researcher can pursue. While these limitations are actually practical, they are ethical too. In focus groups it is not practical and ethical to ask participants to discuss any issue in a group with others that they not feel comfortable. According to Morgan and Krueger (1993) strong argument exist against mixing different participant classes across authority or status lines, this is because of the ethical concerns or high possibility that the discussion will be uncomfortable.

Background variables such as age, sex, race and social class are considered the most common in running mixed versus segmented groups. Generally, a segregation of interaction in the society called class differences. Climate for discussing personal experiences in presence of others will still be distressing even if there were few obvious class differences in participant's experiences. In this research study if students and lecturer were mixed in one group the comfort level in the discussion were reduced or the clarity of each perspective discussion were affected. Choosing between separating and mixing participant categories similarly may occur if the participants have different social roles regarding the issue. For instance, the difference between learners and educators in a discussion of pedagogical research. In order to reduce the effect of this issue in this study students were grouped together, lecturers in a group and instructors in another group. By doing that the researcher tried to reduce the level of uncomfortable discussion among participants.

During the participant recruitment in this study, all girl students requested to participate in a focus group rather not to interviewed individually, so the researcher put girl students in one focus group without boys, but she offered boy students to attend the individual interviews instead. By doing so the researcher attempted to reduce the discomfort level in the discussion or affect how obviously all perspective discoursed.

4.11 A pilot trial

In conducting qualitative research, piloting for interview is an essential aspect and useful in the improvisation to the major study. The purpose of piloting in the interview is to test the research questions and to attain some practice in interviewing. Thompson et al. (2008) stated that the clarity of interview questions is important for participants and the researcher must ensure that the manner of interpretation is the same for all participants. The pilot trial for this study was conducted for interview and focus group questions. It was conducted in HMU. The criteria of the pilot sample were similar to the population of the study. This pilot study was conducted to find out the clarity of questions, time needed for the interview, the problems faced in analysis and to detect any necessary amendments. As a first step the interview schedule has been validated by a team of experts (DMU faculty) in order to ascertain whether the interview questions raised for proposed interview has been designed to adequality answer the research objectives. Later, in the pilot study the researcher interviewed one of her colleagues (clinical instructor at HMU on his own perspective of clinical credibility). The aim was to improve her interview technique and to get profound understandings into the faculty and help her to reflect on her premises. Afterwards the first focus group served as a pilot trial for other focus group discussions. Krueger (1998) suggested that using direct right, comfort and simple questions during focus groups discussions, will help the researcher to produce productive focus groups. The piloting of focus groups is different to that of other research instruments; for focus groups the piloting must

consider the participants' characteristics, the nature of the questions, participant interactions and moderator procedures. One focus group has been selected to assess if the focus group is appropriate to answer the research queries. Qualitative data collection was a new approach for the HMU population, a group of lecturers have been selected as a pilot group for a number of reasons. First, the lecturers were highly educated group in the study, so that the researcher could test the practicality of the procedure with them. Second, testing the procedure with the lecturers might give a profound feedback to the researcher so she can amend the questions before conducting the interviews with instructors and students. In addition, the pilot study was conducted to determine if participants could react to the themes that have been asked by the researcher; to evaluate whether there was any requirement for changes in the research's design and methods; also to estimate the expected required to cover all sections.

The researcher checked the clarity of the questions and the direction the discussion took as a result of the questions were observed. Moreover, the opinions of the participants regarding both the specific questions and the discussion more generally were also sought. The pilot study additionally assisted as an exercise in being a moderator. No modifications have been done in the questions and flow of the interview; therefore, the trial group was considered as the first focus group interviews. The piloted focus group was included in the study because simply it was not possible to exclude this pilot-study focus group due to the small sample in the main study. Generally,

contamination is not a big concern in qualitative research, where researchers can use all or part of the piloted data in their major study.

4.12. Data Gathering Procedure

The individual interview and focus group interviews were opened with demographic questions then broad questions asking about the notion of clinical credibility followed by their unique description of credibility. In the beginning of the interview, the researcher introduced herself and clarified the objective of the interview. Then the whole process was explained including confidentiality, audio-taping and discussion flow. Ultimately, the researcher clarified her role in the discussion as a facilitator and interpreter only. The individual interviews were lasted approximately 25-30 minutes; interviews were audio recorded and transcribed based on the tape following each session. All participants were agreed to be audio recorded. Finally the data were coded for the purposes of analysis (Flick, 2009).

4.12.1 Individual Interview

The in-depth individual interview is one of the most attractive methods of qualitative data collection. Obviously, its adaptability makes this method a common way for data gathering in a qualitative study. Structured, semi-structured and unstructured are three basic categories of individual interview data collection. The semi-structured interview design has been used in this study for data collection, which helps to answer a specific question via open ended questions. Also it is characterised by flexibility that permits

new questions to be originated but with the schedule in the hands of the researcher. Due to obscurity of the concept of credibility, the decision was made to use semi-structured interviews for data collection, so that the researcher could compile as much data as possible for the clarification on the topic under study. All the personal interviews in this study were face to face.

Nowadays, the interview method is becoming increasingly common in the investigation regarding credibility, either as a primary method or in combination with other qualitative and quantitative methods. For example, Fisher (2005) employed the interview method in addition to focus group interviews to explore how clinical instructors maintain their clinical credibility. Also in the current study, individual interviews are used as a complementary qualitative method, in conjunction with focus groups to explore the clinical instructors' credibility among respondents from different social groups. As reported by Denzin and Lincoln (2002) conducting interviews is a common and powerful way to try to understand human beings. Semi-structured interviews (see appendix C) were used in the current study, first because they help to gain a deeper insight into experiences, and second, because they are a flexible approach to gather data, allowing the researcher to direct the flow of information, something that is required by the phenomenological approach (Polit and Beck, 2010). Goorapah (1997) used in-depth interviews to collect data on features of term interpretation, relevant skills and also to investigate United Kingdom Central Council for Nursing, Midwifery and Health Visiting recommendations, regarding clinical competence and clinical credibility. Based on phenomenological approach the researcher took great care to find

the correct balance between allowing the participants to relate their experience and the need for a loose agenda that would maintain a focus on the phenomena. Prior to the interview each participant has been asked to read the information sheet and they were asked to sign a written consent form (see Appendix E and F). The information sheet comprised of relevant information about the study such as participants responsibility and what might be the benefit for them. It is clearly stated that the participation is voluntary and gave the researcher's contact details, the researcher's first supervisor and the research office in the University for any problem or concerns they might have. Confidentiality has been guaranteed for the participants. Furthermore, the participants were assured to stop their participation at any time prior to and during the study, even after they given an initial consent.

4.12.1.A. Developing the Interview Schedule

The interview schedule was developed (for individual interview and focus group interview) with the aim of elucidating the stakeholders' own perspectives of the notion of clinical instructor credibility (see appendix D). In this research study the researcher followed Kruger's (1998) recommended pattern for introducing the discussion: -

- Welcome to the participants
- Overview of the topic and the rationale for the focus
- Clarification of the guidelines and accepted ground rules
- Opening ice breaking question

The first question should be used as "warm-up" exercise or to 'break the ice' as Krueger (1998) suggested that these ice breakers encourage the participants to talk and it becomes easier to speak again when the interview questions are posed. In this research study the first question provided information related to participant's background and act as an ice-breaker to encourage the participants to feel comfortable and talk openly. Participant information sheet were given to participants including aims and objectives of the study (Appendix E). An open-ended questionnaire was developed that prompt the participants to list important personal qualities, clinical teaching skills, and nursing competences which would make a clinical instructor credible in their opinion. Similarly, studies by Fisher (1992) and Ramos and Mccullick (2015) used an open-ended questionnaire format with a brief description of credibility which reinforced the discussion previously taken about credibility.

The purpose of using this activity as recommended by Freeman and Mathison (2009), it served as a "warm-up" activity for the discussion of clinical instructor's credibility. This was particularly useful with student's interview as its aided students to think and develop better understanding about the credibility construct. Additionally, it assisted the researcher to build a better relationship (power balance) with the students while spending time together. These questions were utilized to divulge the most common words and themes participants recommended and to contrast the findings with the answers from one-to-one and group interviews for any discrepancy. Source credibility dimensions were used as a coding element to code the themes that emerged from the

data. In order to clarify triads' perceptions and experiences towards clinical instructors' credibility, themes from the SCT was used a basis for the interview question. This covered the following themes:

1. Competence/ expertise
2. Trustworthiness
3. Caring

During data analysis the dimensions were identified using the definitions provided and the presence of a dimension was acknowledged with a tick in the corresponding column.

4.12.1.B.Interview Setting

The interview environment needed to be considered with the interview participants, as according to Bricki and Green (2007) the place of conducting the interview will have an influence on the answers that you will get. Considering environmental factors such as safety, confidentiality, formality and accessibility of the interview setting is essential. Therefore, it was ensured that enough privacy was given to the interviewees to feel comfortable in giving truthful answers. Additionally, the discussion should take place in a quiet and relaxed place so that participants feel comfortable and motivated to share information. The researcher took the space and interview setting in consideration, the

space organised in a circle, so people can see each other and there is space for a flip chart. All participants were chosen to be interviewed at their workplace. Interviewing the participants at university gave a more formal feel to the interview.

4.12.1.C. Interview Process

The data collection has been conducted in two separate parts, the first of which occurred over 3 months (June to August 2013) and the second again over 3 months (December 2013 to February 2014). Lecturers and clinical instructors' individual interview were conducted during June to August (summer holiday). During December to February student individual interviews and focus groups and lecturer and instructors focus groups were conducted. It was easier to conduct focus groups during academic year. The researcher as the main interviewer did not notice any unusual behavior from the participants, following a suggestion by Krueger (1998) that all interviewers should watch for any unusual participants' behaviour when they signed in; these could be for instance communication difficulties, learning or listening problems or a hostile individual. The researcher introduced herself to each participant as a researcher from the De Montfort University.

According to Kruger's (1998) recommendation that the introduction had to be short with clear directions, no shorter than 6 seconds or longer than 5 minutes, the researcher developed a reasonable introduction to the audience. It is assumed that a short introduction would have undoubtedly missed key points and anything longer

than 5 minutes would have lost the attention of the participants and give the audience the impression that the researcher wanted to talk to them rather than listen to their responses. Therefore, this introduction for all individual interviews and all focus groups was informal and aimed to relax the audience and encourage involvement. In the appendix D, the researcher has included a script for the interviewer to introduce for the individual interview; therefore, this ensured no deviation when introducing prior interview conduction. Once the formality of the introductions was finished, the researcher began recording and utilised the interview schedule to direct the interviews.

Although each one of the sixteen interviewees and three focus groups (n=15) were asked about these themes, the order in which the questions were asked were the same for all interviews and also for the interview to the focus group. The first question respondents were asked about qualities, behaviours, and teaching skills making a clinical instructor credible. Stakeholders were subsequently questioned about their perspectives regarding the link between clinical credibility with trustworthiness and believability and whether they trust their clinical instructors. Afterwards, they were provided with a unique definition of clinical credibility: "Have knowledge and practice in the field of expertise to teach or work safely, ethically, and professionally." The labelling approach was used as a way to analyse the interviews. First, the interviews were listened to and double checked to identify any comments conveying participants' perspectives towards instructor's clinical credibility. Second, the relevant sections of the transcriptions were labelled according to context. A comparison of the labels

followed and those that related were placed in categories according to the themes. At this stage, the researcher made sense of the data using SCT (Hovland, Janis and Kelley. 1953) as a reference to understand the responses from the participants. For instance, words such as “knowledgeable,” “friendly,” and “skilful” have been identified which could support the idea of a credible clinical instructors. The resulting combination of data provided a view of how the triad perceived and constructed clinical instructor’s credibility in their eyes. These themes were then discussed in order to identify the implications of the results. Prior to the interview being completed, the participants were given the opportunity to make inquiries or to include whatever else they might need to state.

4.12.1.D. After the interview

Participants have been informed that they can have a copy of their interview transcript if it had been transcribed fully and they would be able to read and comment on the material. None of the participants requested the transcription. The researcher recorded her general impressions of the interview in her personal notebook when the interview was still fresh in her mind. Recordings were listened to more carefully to make sure it was satisfactory and then the materials were placed in a locked filing cabinet for safety.

4.12.2 Focus Group Interview:

Focus groups are group interviews or 'meetings' where a group of 6-12 people meet for discussion, guided by a facilitator. Participants in the group interview talk freely and impulsively about a chosen subject, and are particularly helpful in detecting needs, beliefs and opinions. In recent times, the focus group interview has been one of the most common qualitative data collection methods in social science (Freitas et al., 1998). Also it can be considered suitable for gaining meaningful insight about experiences in various ways. In addition, the focus group interview is one of the best ways to explore personal feelings, emotions and thoughts. Several participants were invited to a special group with regards to purpose, size, composition and procedure for sharing their knowledge or experiences about particular issues within the same occupation and background. In this method the data will generate based on the communication between participants. The discussions in the focus group interview may produce more critical comments than one to one interview. Differences in the participant's opinion allow the moderator an opportunity to explore the thought processes of individuals and the rationale for different viewpoints.

According to Litosseliti (2003) one of the main advantages of focus groups in comparison to other methods of qualitative data collection is that they provide participants with a more natural environment as opposed to, for example, individual

interviews and observation. It was evident during the data collection that a focus group setting was beneficial to this study, as in each group there was one who spoke more openly and introduced particular issues that encouraged others to speak more freely. This method helped to compile valid, more credible and in-depth data, as the data elicited from the interviewers in an interactional form. As a consequence, all group members expressed their experiences, feelings and ideas regardless of their power and position in the organization.

The limitations of focus group as highlighted by Chadwick, et al. (2008) is that it is much more expensive and time consuming technique compared to survey and observational data collection. Despite it not being able to replace other, established qualitative research methods; it can provide a type of data that is not obtainable through other methods, such as through individual interviews and participant observation (Morgan, 1997).

4.12.2.A. Planning for Focus Group

As previously discussed, the in this chapter section 4.8 purposeful sampling was used for interview and focus group. Sampling is the planning phase which is based on the research aims and the researcher designs for interview guide. The primary attention in the planning stage is on the group size. Focus groups sample sizes vary in the number of participants, with four to ten being an ideal group size. As stated by Krueger and Casey (2000) a group of more than this number is hard to manage and control. As claimed by Stewart et al. (2007), appropriate sampling is critical, as the composition of

the group has a significant effect on the group dynamic; It has been claimed that, when conducting the focus group, the researcher should reinforce the homogeneity among participants; however, there should also be a degree of variation, so that contrasting opinions can be represented (Casey and Krueger 1994). Hierarchical positioning of participants in a focus group means some members of the group do not talk, and will allow senior members to lead (Kitzinger, 1994). In this research study, these conditions were met; although the participants in each focus group were of the close academic background, there was also some variation, as lecturers and clinical instructors worked in different departments and had different levels of experience and students were from different age groups.

The issue of sharing common interest was a major consideration, Krueger and Casey (2009) reported that individuals who have similar experiences and who come from similar cultural and social backgrounds should involve in same focus group interviews. This aspect meant that it was more practical for the researcher to conduct focus group interviews separately. This choice of focus groups was based on the Casey and Krueger (1994) recommendations that the size of focus groups is usually between six and twelve participants, or, in the case of marketing research, ten to twelve. More than twelve participants in a focus group are not suggested, as participants will have restricted chance to share insights about their experiences and express their perceptions. All focus groups were conducted in a specific room inside the university. The locations were easy places for the participants; rooms were equipped with a U shape table and chairs. The researcher arranged with the college management at the university and the

dean to pre-book these rooms and the date and place of interview has been confirmed with the participants. What is more, during the discussion the researcher took the dual role as a researcher and moderator. The interviews were recorded, and then the researcher downloaded recorded interviews onto DMU locked computers.

4.12.2.B.Conducting the Focus Group

The researcher arranged with HMU for a room to be set up with a circle table and correct number of chairs, so that there was no opportunity for anyone to sit on their own therefore encouraging integration and interaction. The researcher needed to avail herself as much as possible to facilitate the focus group, as an assistant or moderator was not available. The prepared room was used for individual interviews and subsequently for the focus groups. At the beginning of discussion, the researcher presented herself as the research moderator and clarified the aim of the research. Before written consent was obtained, confidentiality measures and audio taping strategies were clarified. At that point demographical data were gathered from the participants, including age, position, years of experience and specialty. Demographic data was obtained on a paper detached to the informed concept form prior to audio taping. The participants were informed that the discussion would be recorded, after which every member presented him/herself to the group. During the focus group interviews, the researcher directed the discussion with questions related to the research.

In the process of the focus groups gathering, the moderator's initial question is significant in breaking the ice, since after every participant has said something it becomes noticeably easier to make further contributions. Ideally, lecturers and clinical instructors were in less need for an 'ice-breaker' and discussion flows more easily, with more control by the participants and less guidance from the moderator. Kitzinger (1995) claimed that if the group does work well, trust develops, and the groups may be more prepared to explore issues as a unit.

Each focus group was lasted approximately 40-45 minutes. Furthermore, data was anonymised and coded for purpose of analysis, and was stored on a password protected computer accessible only by the research team, which will be destroyed upon completion of the project. At the end of each focus group, the discussion were summarised by the researcher for approval by the group members and time were given for any comments. All the sessions were treated similarly. In this study the researcher followed the work of Krueger (1994) as a method for conducting focus group. All sessions were recorded, and extensive notes were taken by the moderator. Tapes of the discussions were listened carefully and saved on a computer disk. Later responses were coded so that like comments grouped together. The moderator/researcher asked the participants to verify information as she repeated or rephrased what she heard. Preliminary and final reports were shared with the group to evaluate the faithfulness of the report to the information given during the focus

group sessions.

The role of moderator

Focus group interviews are usually run by a moderator. Usually researchers adopt the role of a "moderator" or a "facilitator" in a focus group discussion. The role of researcher is to moderates or facilitates a group discussion among participants and not between the participants and the researcher. The purpose of being a researcher and a moderator at the same time in focus group is because of cos factor. In this research study the researcher was the moderator because if you do some works by yourself will possibly cost significantly less. Cost factors may include payments to moderators, rental of research sites, travel to research locations, participant's payments and producing and transcribing interview recordings.

Essentially some of costs are fixed by the research project circumstances, however considerable savings can be done if the researcher has sufficient time and necessary skills to perform the role of moderator. In addition, being research moderator at the same time is time effective, because the researcher requires to assign both time and money to work with the outside moderator for planning the project since both parties need to have communal understanding about research objectives and procedures. According to Morgan (1992), unlike structured approaches to focus group, less structured focus group require less moderator involvement. Therefore, the researcher can be a moderator without any assistance. As this research study was exploratory study that use semi-structured (less structured) approach to focus groups. Using explorative study help study phenomena that are ill-defined or existing knowledge is based on researcher's-imposed schedule, therefore unstructured interview guide will

give opportunity to participants in order to express themselves. Consequently, decreasing the involvement of the moderator in the discussion will give more chance to the participants to pursue what interests them.

4.13 Data Analysis.

To start with a definition of data, is information that can be collected as part of a research process (Stevenson, 2010). Data in quantitative research usually, but not always, includes statistics, whereas in qualitative research they take the form of words or pictures. Braun and Clarke (2006) stated that methods of qualitative data analysis are manifold and varied; however, one should ensure that there is transparency and a rigorous application of a systematic process.

The qualitative data analysis in this study was a journey from raw data to developing themes and taking out the key concepts (credibility dimensions). To elucidate this in more detail, the qualitative data analysis begun with a large amount of materials, for

instance the text of an interview. Data generated through all data collection techniques were analysed inductively, including data transcribed from group and individual interviews. Patton (2002) provides a clear explanation of inductive analysis: Inductive analysis begins with specific observations and builds toward general patterns. Categories or dimensions of analysis emerge from open-ended observations as the inquirer comes to understand patterns that exist in the phenomenon being investigated… The strategy of inductive designs is to allow the important analysis dimensions to emerge from patterns found in the cases under study without presupposing in advance what the important dimensions will be. (pp. 55-56)

The process of qualitative data analysis is entirely grounded on the researcher's goal; either by detecting themes or telling and retelling the stories. Four main approaches have been developed by Crabtree and Miller (1992) for qualitative data analysis, ranging from the standardised objective style to the interpretative subjective style. Choosing among these methods is based on many aspects, for example the research aims and objectives and the methodology used for data collection. In this research study template analysis has been used (see appendix H).

The quasi-statistics approach is the first method where the basic or patent content analysis is used. As stated by Crabtree and Miller (1992) in this approach, the textual data turn into quantitative data which can be operated statistically. Crabtree and Miller (1992) claimed that quasi-statistics allude to the utilization of descriptive statistics that can be extricated from qualitative data. Moreover, in a quasi-statistical approach texts

(such as; words, semantic units, and themes) are divided into categories and scrutinized statistically to determine connections among them. This approach involves reading and re-reading of the data to search for certain words or themes. Later, these words or themes will be categorised by using the meaningful relationship criterion and frequencies of the words in each category were calculated.

Another approach is data-based analysis (editing) style. In this style many editing tasks will be carried out by the researcher for example cutting, pasting, searching and rearranging the data in search of meaningful segments and units. In addition, units in the text will be identified that form the basis for data developed categories, which are used to reorganise the text so that its meaning can be obviously seen. In this style the researcher will not use any previous knowledge or preconceptions before he/she read the data. This approach is interconnected to grounded theory methodology.

Immersion or crystallisation analysis style is another approach. In this approach, the researcher arranges data by checking the content altogether and then crystallising out the most imperative perspectives. The researcher required to be more subjective managing the data and undertake prolonged immersion and experience with the data. As a result, an instinctive interpretation of the data can be occurred. This style is mostly used in stories and case reports that has a subjective nature.

Template analysis which is developed by Crabtree and Miller (1992) is one of the thematic analysis styles. A template analysis, as an approach of exploring qualitative

data, is concerned with organising and analysing qualitative data thematically and is used in social science research. The template analysis technique is summarised in the following steps:

1. Definition of _a priori themes.
2. Reading and familiarisation of the data set.
3. Coding and development of template including quality checks.
4. Review and interpretation of final template

This style was chosen for this research study. In this approach, the researcher applies a template as a guide for analysis. In the template analysis, a-priori themes recognised based on the researcher's prior knowledge (Crabtree and Miller, 1992). It was anticipated that the researcher may seek help from software programs such as NVIVO (Bazeley, 2007) or Computer-Aided Qualitative Data Analysis Software program (CAQDAS) (Coffey, Holbrook and Atkinson, 1996) for data analysis. However, the researcher tried to use her personal experience in the data analysis phase. At this stage, lived experience, idea, notion, interpretation and significant description of the issue by the interviewees were highlighted.

The researcher read the data, and any sections that hold/contain data linked to the research question were highlighted. At the point when these sections match a priori themes, (derived from SCT) they were coded under these themes. If not, new themes were recognised in order to build the initial template. According to King (2004) coding is text labelling of a section in relation to a theme in the template. These codes are

essential for data interpretation. Later, the initial template was applied to the entire set of data in order to recognize relevant themes for analysis. In case this if this was not useful for the actual collected data it has been modified. As soon as the entire data coded to the initial template, the final version were defined that serves as a foundation for the research finding interpretation and writing up (King, 2004). In the current study template analysis was selected; because of its familiarity within nursing and health care, where it has been commonly used in qualitative healthcare research (Crabtree and Miller, 1999, King, 2004). Furthermore, it can also be used from an interpretative phenomenological stance (Brooks, 2015). King (1998) describes template analysis as an approach to analyse the qualitative data thematically. Data was coded and the main themes identified and discussed. Tape-based analysis has been used to analyse data; based to Krueger's (1998) recommendation the investigator involved in listening to the recording of the focus groups to produce a shorter abridged transcript of the focus groups. Furthermore, this method has been identified as not time-consuming method like verbatim transcript and also if a more detailed analysis is later required the audio tapes would be still available. This sought to be one of the appropriate analysis methods as the sole investigator conducted this project independently the time factor was an important consideration, as no administrative or staff support were available to help with the execution of these focus groups.

After listening to the tape-recording meaningful statements were extracted and categorized, the resulted themes presented in relation to the original research

questions. Within these themes, categories emerged, and anonymous quotes from the participants have been used (Patton, 2002). Certainly, a number of interpretations can emerge for a single question during data coding. Initially, the text was dissected into codes (categorised) in the first interview and this process was continued to the next interview text where new codes may arise. After categorising all interviews all codes were reviewed by looking for ones that overlap or were redundant. Later, some codes were renamed. Generally, the end result might be 80 – 100 codes that should be organised into 15-20 categories and subcategories. In conclusion, these categories can be organized into five to seven concepts.

4.14 Trustworthiness of the Data (Achieving rigour)

For the reason of subjectivity in this research study, the findings were mainly focused on how the researcher formulated the questions, conducted the individual interviews and focus group interviews and interpreted the answers. Interpreting the results should be conducted cautiously. Quantitative researchers criticize findings, generated by qualitative research, as a result the question of reliability and validity of empirical studies emerged (Gibson-Davis and Duncan, 2005). Whitehead (2004) described qualitative research as a “soft option” and it also lacks a scientific rigour because of the possibility of researcher bias. However, in this research study qualitative approach offer the possibility of exploring the way in which respondents themselves define the subject matter of the research.

Qualitative research gives access to the complexity of participants' personal understanding using their own words and structure through their own perceptions. According to Rolfe (2006) the main key for research success is clearly rigour, as the researcher rather than the reader has responsibility to ensure it. The study must provide a sufficient descriptive data for a reader to judge in a reflexive way, and they have to determine whether the findings are credible. In order to ensure rigour in qualitative research strategies such reflexivity and validity has been used during literature review. The researcher attempted to examine the interpretations, in order to check the agreement between interview transcriptions and the template. The researcher made maximum efforts to ensure the maintenance of the standards of qualitative research which have been set by Lincoln and Guba (1985).

4.14.1.Consistency or Dependability

Consistency is equal to the conventional term reliability in quantitative research and it is also equivalent to dependability and replicability (Noble and Smith 2015). According to Plummer (2001) reliability is primarily concerned with technique and consistency and is generally the concern of ''hard'' methodologies (p, 154). Within conventional studies reliability is typically demonstrated by replication – if two or more repetitions of essentially similar inquiry processes under essentially similar conditions yield essentially similar findings, the reliability of the inquiry is indisputably established (Lincoln and Guba, 1985: p., 297-299).

Furthermore,

> "reliability is the extent to which a test or procedure produces similar results under constant conditions on all occasions." (Bell, 2005, p117).

Similarly, Boonsathorn (2003) pointed out that consistency in qualitative research could be achieved by emerging similar results when another researcher conducted the same type of inquiry with similar samples in similar circumstances. However, applying the concept of reliability to qualitative form of inquiry is impossible and problematic because even if the main conditions may be reproducible, the individual characteristics of the respondents and their circumstances will not be. This is also confirmed by Strauss and Corbin (1990, p250);

> "they explain that 'no theory that deals with a social/psychological phenomenon is actually reproducible".

In other words, qualitative research is so flexible and produce research findings that are constantly changing interactions between researcher and participants so that the consistency of the data cannot be guaranteed. Therefore, to increase reliability and to ensure the consistency in the phenomenological approach of this study the researcher described the research design in detail and compared with other possible designs, for instance grounded theory and ethnography. As Lincoln and Guba (1985) claimed that it is extremely essential to report all of the steps taken in the research. A similar view is held by Bassey (1999), who states that precise explanation of the theoretical perspective of the research is crucial, such as demonstrating the exact data collection

process and analysis as well as data collection tools, as this will increase the reliability of the findings.

Additionally, in this research the researcher was transparent in how the research was carried out via presenting considerable detail in each step right through the study to enable the reader to understand the limitations. Finally, study participants and non-study participants having same inclusion and exclusion criteria have been asked to review the emerged themes from data analysis for the purposes of reliability. Most of them were confirmed the importance of these themes and some were more focused on specific themes. However, the dependability of this research study can only be judged by the reader. Regarding this thesis the researcher tried to provide a satisfactory detail for the reader to make judgements if the collection, analysis and interpretation of data are consistent with good constructivist research or not.

4.14.2. Reflexivity

One of the main determinants influencing the trustworthiness in qualitative research is reflexivity. It also recommends self-criticism and self-appraisal in addition to understanding of the significance of context in social constructivist approach. Social constructivism is an interpretive framework. One view, expressed by Finley (2002), is that the researcher required to clearly understanding his/her role in a completed work to enhance data trustworthiness. In agreement with the view of Fade (2004), as an optional instrument reflexivity allows interpretative role of researcher to formally acknowledged, instead of considering it as a bias avoiding technique. The role of the

researcher in this research study should be acknowledged in data analysis, writing up and documentation of the research process. Therefore, in this research study the process of data collection and interpretation through self-reflection and supervisory team feedback the on recorded interviews and analysis were documented.

This research study focused mainly on student nurse, clinical instructors and lecturers' perspectives, the researcher was transparent and ethical during its course and her role was strictly restricted to interpretation of data. Moreover, she has interviewed one of her colleagues (clinical instructor at HMU on his own perspective of clinical credibility). The aim was to improve her interview technique and to get profound understandings into the faculty and help her to reflect on her premises. As a result, some of researcher's propositions shine through, growing her understanding of the several possible interpretations that emerge from the stakeholder's experiences. Also, it assisted the researcher in developing and testing adequacy of current research instruments and identifying logistical problems which might occur using proposed methods.

4.14.3. Credibility

According to Smith, Larkin and Flowers (2009) in a qualitative project the researcher does not aim to recruit participants that are statistically represent the population in order to generalise the findings. Conversely, it is significant that he/she presents findings relevant to the sample under investigation. In this study credibility refers to confidence in the data value and interpretations of them through continued data engagement. Having a number of plausible explanations of the phenomenon is the

essential concept of the phenomenological approach. As a consequence, an experienced colleague analysed some of the data, as a way of ensuring that the researcher has analysed the data correctly. Confirming credibility is one of the most important aspects of trustworthiness. Moules (2002) stated that for ensuring credibility in qualitative research the text can be offered to other readers for further interpretations. To increase value of this study data was collected from individual stakeholders at a specific university on clinical instructors' credibility. The researcher's description of the methodological and theoretical assumptions was provided to clarify the researcher's bias, recognising the researcher's preconceptions, motivations, and ways of seeing that may shape the qualitative research process. In addition, the interviews were audio taped to ensure truth, value and credibility.

Above and beyond, the findings were discussed at conferences with experienced nurse educators from different countries. It was obvious that the themes were seemed to be applicable and relevant to the conference delegates. Finally, to increase data trustworthiness in the current study, the researcher was mindful for searching other possible meanings in the data. Thus, interpretations were discussed with the supervisory team, and they agreed with the researcher's interpretation regarding emerged themes. Their comments were taken into consideration throughout the writing up process and they approved of the researcher's analysis of the stakeholders 'perspectives. Researchers must also consider the possible impact of their personal and social backgrounds. In this research study some information about the researcher's

personal background was offered so that the readers can judge the study's credibility for themselves.

4.14.4. Transferability

The term transferability is used as an alternative of applicability (Seale, 1999). In relation to data trustworthiness of qualitative research the researcher is responsible for collecting sufficient information about the phenomenon under study. Moreover, transferability is based on the similarity degree between two contexts and whether findings are applicable in other contexts. It has been suggested by Koch (2006) that sufficient contextual information should be provided for readers to make similar possible decision which made by others. On this occasion the researcher tried to collect satisfactory information to address the research objectives, through selecting adequate number of focus groups and interviews with the lecturers, students and clinical instructors. So that the reader and other researchers can rely on the results and can be confident in transferring the research conclusions to other situations. As the decision about practicality in other circumstances remains with the reader of this thesis. In order for the reader to judge the transferability, the original context should be described adequately.

In this research the transferability strategies for participants as well as the data has been considered by providing a rich description of the purposive sampling process, criteria for selection of and inclusion into the sample. Therefore, sufficient information was provided regarding the research sample and setting characteristics to allow the reader to assess transferability of the results. The findings may be considered

transferable if another researcher reviews the research and believe it to be relevant to their situation, so it is the matter of judgment. Strauss and Corbin (1990, p. 23) acknowledged that generalisation of the findings to other contexts may be limited if data are not comprehensive and interpretation is not broad enough. Similarly in this research study some of the theoretical interpretations may be modified if exposed to continuous comparison with new data.

4.15. Data Storage

For confidentiality, no identifying names were used and each participant was given a code. All the coded document data including audio taped data, field notes and consent forms were stored in locked metal file cabinets in the researcher's office that have sole access. Computerized information was kept on the researcher's PC and DMU password protected computers to prevent any damage or loss, using a special password for each data store for privacy. As a result, the data can be protected from any devastation, theft, accidental damage or amendments. Finally, data will be kept after completing the project and awarded qualification for at least ten years or subject to prevailing DMU regulations (Creswell, 2008).

4.16. Chapter Summary

In this chapter, a detailed description regarding research methodology was discussed. The research aims and objectives were described, together with the research questions. The research context was also briefly described. It was explained that this study adopts a social constructivist research philosophy and descriptive phenomenological research design. The methods of sampling, data collection, data analysis, trustworthiness and ethics were described and the rationale for choosing these methods were explained. This chapter also provided information about main components of the study that include the research strategy, methods, and strategies for data collection, management and analysis. The result of multiple sources of data and data collection techniques was an extremely comprehensive data source. The measures taken to ensure rigor, as well as the ethical considerations relating to the study were described. In the following chapter, the findings of this study are presented.

Chapter Five: Presentation of Findings

5.1. Introduction

This chapter presents and discusses the substantive empirical results of the thesis. This chapter focuses on exploring the concept of clinical credibility in the Iraqi Kurdish context from the perspective of the Triad. The data gathered from different perspectives (the triad) provided an opportunity to understand the clinical credibility concept from a more holistic perspective. The triad in this study were lecturers, clinical instructors and student nurses. Data gathered from the triad using individual interviews and focus groups. The data analysis method is explained in chapter four (section, 4.13, page, 220) and in order to increase the dependability of the work, coding process details are explained in depth in this chapter. Lincoln and Guba (1985) and Punch (2005) recommend that significant detail with regards to the coding process used by the researcher should be included, together with the listing of themes that emerge and the relevant rationale for choosing these themes. This chapter finishes with

a brief overall summary of conclusions drawn. The results are subsequently discussed in detail in next chapter.

5.2. Findings

The purpose of this study was to undertake a qualitative study to explore the notion of the clinical instructors' credibility among the triad (nursing students, instructors, as well as lecturers) in Iraqi Kurdistan Region. The in-depth, semi-structured, individual and focus group interviews were carried out with respondents between June 2013 and February 2014. This section presents the findings from the individual interviews undertaken first with 5 students, 6 clinical instructors and 5 lecturers, and then later three focus groups conducted from 5 different students, 5 instructors and 5 lecturers (participants from individual interviews were different from focus group participants). In the social constructivist research actions are arranged to produce knowledge from shared meanings and negotiations among participants. In this research study social constructivist approach allowed to produce knowledge from exploring the experience of different social actors (the triad). Therefore, collecting data from the triad may provide comprehensive meaning.

5.3. Data Analysis:

Data generated through all data collection techniques were analysed inductively. Patton (2002) provides a clear explanation of inductive analysis. In this study three stages of phenomenological data analysis process were undertaken.

1. All audio tape recordings of focus group and interviews were listened to, carefully and anything that struck the researcher as relevant or potentially answer the research question was highlighted and this was consistent with template analysis. Notes were taken from the recordings and documented by the researcher. Taking notes is fully consistent with the template analysis approach, which deems a full verbatim transcription unnecessary when using this approach (King, 1998).
2. The second stage was the utilisation of the template analysis. According to Brooks et al. (2015) template analysis is a form of thematic analysis which emphasises the use of hierarchical coding but balances a relatively high degree of structure in the textual data analysis process.

3. The final stage was the description of the phenomenon through writing and rewriting. In the writing up of this thesis while using template analysis it was much easier to see how to structure the sections and support categories with illustrative text. It allowed comparison within specific groups of the triad and across the triad groups.

Template analysis technique will be now discussed in detail.

5.3.1. Results: Template Analysis**:**

Template analysis was used for this research study as a qualitative data analysis method. A codebook has been constructed, and any identified themes were documented during the analysis stage of each interview. Kind (1998) claimed that while using template analysis approach it is significant not to begin data analysis too early after the data collection directly. Instead, in order to authorise the initial template all the interviews should be completed first (King, 1998). This validation was done by checking the template for any themes that newly emerged or any amendment of current ones. It was obvious after analysis of the first ten interviews a full range of themes had been identified fully since in the last couple of interviews a template diminished return rate was perceived. King (2004) claimed that in the qualitative data analysis process according to template analysis approach, several stages come into effect and there are further important steps needed to be considered in some stages.

5.3.2. Developing the template

First:

As stated by Brooks and King (2012) before analysing the data the researcher familiarized herself with the raw data then started to read through a sub-set of transcripts. Reading through the transcripts before beginning the summarization of the interview assisted in researcher's familiarization with data and made material more manageable.

Second:

Crabtree and Miller (1999) stated that in order to guide the template analysis, creation of an initial template is crucial. The template can be used as a data management tool to facilitate interpretation of matching themes. In the current study the initial template was produced using three main sources; priori themes, themes from SCT and also the themes that emerged from the data collection.

A *priori* themes*:*

It is rather common in the preliminary data coding stage to use some themes which have been acknowledged in advanced coding although it is not always appropriate or necessary. These identified codes can be known as a priori themes. Research projects begin with assumptions that specific aspects of the research questions should be the main focus which makes a priori theme identification in the preliminary stage significant. Moreover, a priori theme identification is time consuming when accelerating the initial coding phase of analysis. On the other hand, it is extremely important to keep in mind the tentativeness of a priori themes and re-defining or eliminating of these themes can be done whenever they are not relevant, useful or appropriate to the research aims and objectives. King (2004) claimed that codebook can be constructed based on existing knowledge (a-*priori*) or build from initial analysis of the interview data (a posteriori). Moreover, Crabtree and Miller (1999) stated that theory, previous knowledge or the research tradition can help in the a priori themes development. In this study a-priori themes have been constructed which were based on the pre-existing knowledge of the researcher and from SCT dimensions.

According to King (1998) the main source for initial template construction is interview schedule in identifying a priori codes and themes. The main inquiries in the interview schedule can identify the higher-level codes, and the sub-inquiries and enquiries the lower-level codes (Brooks et al., 2015). In order to present the codes hierarchically the

highest order codes represent general themes in the data and lower level codes represented more narrowly focused themes within the data.

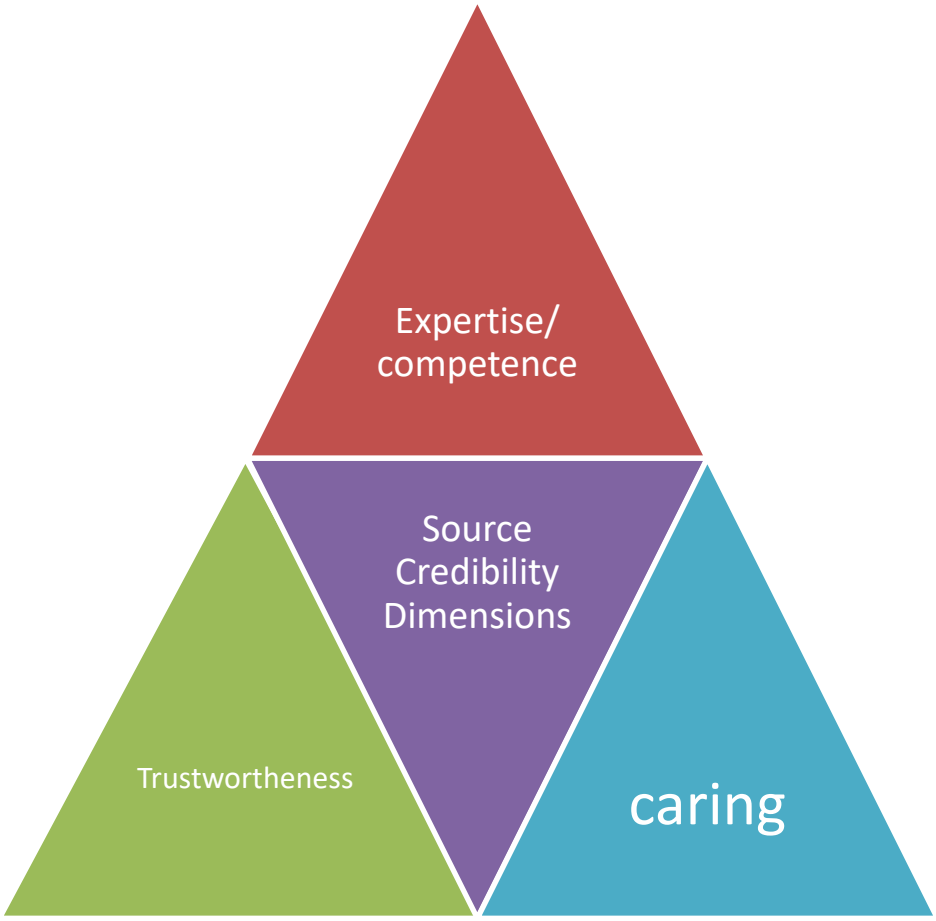


Figure 5.1: *a-priori* template

During the process of coding data, common codes among most of the interviewees were identified and codes that refer to those parts of data which were observed in a minority set of interviews were identified too. The researcher modified the codes in multiple rounds of comparing data and theory until confidence point is reached. As an entry

point, according to King and Brook (2017), template analysis allowed the researcher to specify themes based on the research objectives and overall directions. Therefore, in this research study the first set of themes followed the general areas of interest in the research. As the main area of interest revolved around clinical instructor's credibility and clinical credibility attributes, the template started with these broad themes. Adding to this, and in accordance with the template analysis technique, each specific theme was examined and categories of sub-themes. The initial coding template for analysing "interviews" and "focus groups" on clinical instructors' credibility was formulated upon the theoretical research framework, research questions, and main variables researched as recommended by Miles, Huberman and Saldana (2014).

Preliminary exploration of the data:

According to King (2004) and Brooks et al. (2015) the initial template can be developed either after initial coding conduction of entire data set (such as all interview and focus group record-based notes), or usually after coding transcript subset. When the preliminary codes and themes have been identified, the researcher and supervisory team met to compare coding before the first template continued to be developed. Consequently, the researcher went back to the recordings and provided more comprehensive interpretations by clustering codes together and ascribing meaning to each group. At this point the hierarchical coding process has been started, with general codes prompting more specific codes until the point that creation of the initial template

had been completed. In the present study the researcher defined these themes before data analysis process depending on the research questions and the interview schedule. In template analysis it is quite crucial at what stage the researcher should make decision to produce an initial template. As stated by King (2004), it is possible to produce an initial template after the first interview transcript and some researchers wait until after every transcript has undergone detailed analysis for initial themes. Furthermore, it is clear most researchers usually produce the initial template at a point between these two extremes. In the current study the initial template was created after completing preliminary coding of the first four interviews. This was viable because this research study addressed certain questions (Brooks and King, 2017). It was accomplished by perusing the selected audio-tape based notes through twice before summarising the interview in order to help with data familiarisation and to produce more manageable material. Moreover, any section that directly or indirectly linked to the research questions was identified. Intrinsically, if this section caught any a-priori themes, it was attached to them. Afterwards, two actions were taken if there were no related themes: either the current theme was modified or another one was created.

Many authors have been claimed that coding process can be performed manually or electronically (Crabtree and Miller, 1999 and King, 2004). It in the current study computer software has not been used to analyse the interviews because the number of interviewees was relatively low. Consequently, a very broad initial template was produced without presenting fine features. Later the data were able to modify the

template and produce the final version. The production of large numbers of codes and themes is the main the problem of initial template. As stated by brooks and Kind (2014) the template is not supposed to have excessively few a priori themes that could compel their clarifications. Then again, too many a priori themes that could indeterminate the themes' accuracy.

In this research study some of the themes matched and came together to form a small cluster. Correspondingly, King (2012) argued that too many levels may make the template less clear than it should be, so it was decided that the level of coding to be primarily a higher-level code (One-ordered coded). Two themes were exempt from this rule (Knowledge and Expertise), where it was assumed essential to apply a two-order level coding. The researcher was constantly going back to the notes to be re-immersed in the data. Each and every line and sentence were revised as the researcher tried to form new perspectives into the phenomena and grasp an understanding of the participants' perspectives. This emphasised the need to form new codes and merge or delete existing codes and to create new themes in the template. The primary exploration of first few interviews led to some modifications and this was applied to the initial themes, and this involved many steps that the researcher took to create the final template. The first step was editing the code of the theme "competence", as it was felt that this was prescribed by participants as two different themes. It was therefore divided into themes of "clinical competence "and "teaching competence ". The second step, themes of "punctuality" and "trustworthiness" were brought together. As it was used and prescribed interchangeably by participants. Similarly, the scope of the "role

modelling" theme was changed. This was because participants were prescribing "role model" and "personality" together; as a result, these two themes were brought together. It is therefore important to indicate that many resources have been used to develop the initial template. Depending on the research questions and the interview schedule a-priori template were created and then modified according to the initial data coding (see table 5.1 and 5.2). Semi-final template was applied to the full set of data, to create the final template that can be used for finding interpretations. The researcher formulated an initial template once preliminary coding has not produced distinctly different new themes.

Table (5.1) Example of initial coding from interview

Interview transcript, student 5	Codes	Researcher (memos)
According to my knowledge, I think c credibility refers to the degree to which an instructor is **believable, kind and reliable** to students (simply be a **role model**). they required **to be with the students** in the clinical area while they are **working with hospital nurses to provide care for patients** and so that they become believable by students, and they are a significant part of the learning process particularly in disciplines like nursing. to my opinion also applying theory to practice during clinical training shows their **expertis**e in the field. Credible instructors make students feel that they are there for their students in every step and they **respect** and **care** about the student's achievements. They **are accepting students as individuals**, the less motivated students before the active students. **Plus having good relationship** with students make them more believable.	Be trustworthy Instructors has to be available, role model Hand on care with students Being expert in the clinical setting Being there for student Care about individual student Good communication skills	Just be there? Or deliver patient care too? Expert in which way? theory? practice? Any limit for their availability? How many hours?? Providing individual feedback? Direct students based on their uniqueness? Characteristic of good communication in student's point of view (student need a friendly environment for clinical learning)

Table (5.2) Example of initial coding from interview		
Interview transcript, Lecturer 2, 22 years of experience in teaching	Codes	Researcher (memos)
based on my experience the clinical instructor should have enough knowledge and skill with qualification particularly **update** knowledge and practice is very important to be believable by students and colleagues. in spite of having expertise and skill but still trustworthiness is very important to maintain clinical credibility and to work ethically and professionally. It's very important to **spend sometimes** in the clinical area talking generally working as a clinical instructor **spending all the time** with students, **hands-on care** this makes us more comfortable and trusted by students. In addition, building **strong and trustful relationship** with student increase the instructor credibility. ….to maintain credibility a clinical instructor should spend at least **16 to 20 hours to work** in-dependably and to **provide direct care** for the patient along with student teaching can maintain their credibility. I want to add another point **teaching experience** is important too well-prepared instructors are more believable ones as they should have **good commutation skill** with the hospital staff and students in the clinical area.	Clinical and theoretical currency Trustworthiness Be available and deliver patient care with students Hands on care Demonstrate good communication skill Teaching experiences are also required	 So being there and deliver patient care is important for this stakeholder group Clinical as well as teaching experiences? Any limit for their availability? How many hours?? Well- prepared? Qualification? Training courses?

By way of applying the initial template to the full data set the template continued to be developed further. The initial template themes were used to code each interview's audio record-based note to identify meaningful sections of the data. Based on the process of coding that used initial template all remaining interviews were analysed. As a result of repeated notes examination, the initial template was revised. At this stage the template was intensely guiding the analysis. After the initial template has been applied to the data it showed that the existing themes and coding needed to be modified.

This indicated that there was a continuous cycle of creating, deleting and merging codes and themes until the point that final version of the template was created (as seen later in this chapter in table 5.5).

According to Crabtree and Miller (1999) the themes should be read and connect to each other chunking or displaying to ensure they are linked together, making it more meaningful. The production of large numbers of codes and themes is the main the problem of initial template. Some of the themes overlapped and came together to form a small cluster. Before the final version of initial template was achieved a number of versions were made. As stated by Waring and Wainwright (2008) the process of template development could in theory go on indefinitely. It is important at this point to reveal the decisions being made being made by continually holding the recognised theme against the context of the notes being made based on the interview recordings. To end the data analysis process in this study a pragmatic decision has been made. The final form of the template in Figure 5.2 was believed to symbolise a good representation of every single theme in the data set. The fact of reaching the point of diminishing returns in the template analysis was the point of decision making (King 2004) as applying the template to the data did not yield newly emerged themes that were significantly dissimilar than the current themes in the present template after a long period of time passed (King, 2004). Through applying the template to the full data set no new themes were emerged after first three reviews. Officially the final template was evaluated by the research supervisory team to ensure the quality and inclusiveness. In addition, one tape recording together with the preliminary coding and themes were

given to a PhD student from University of Leicester, UK to compare before producing the initial template. The reason was not to check reliability but to overcome the challenges of any preconception that might limit analysis.

Once the final template was created, this was then applied to the full set of data. The final template shown in Figure (5.2) and table (5.5) was used as a structure for the data interpretation and writing up. According to King (2004) the final template can assist as the base for data set explanation, and in addition a valuable guide and structure for the research findings writing up. main themes description that have been recognised in the data were used as a base for interpretation, some clarifying examples or quotations from the transcriptions were offered if required (Waring and Wainwright, 2008). Based on the Crabtree and Miller's (1992) recommendation a quality check was performed at different analysis stages, in order to confirm that the researcher's potential preconceptions were not interfere with the data analysis and also to diminish the incidence of under or over data interpretation. By utilising the independent analysis of one expert qualitative researcher, from the research supervisory team at various points inter-rater reliability and consensus were ensured. At the following points the check was performed.

At the final template development stage, a PhD student (researcher's colleague) from University of Leicester performed initial coding on all tape-based notes autonomously, producing her personal template. Then she compared and contrasted the themes with the original researcher's theme, at that point she confirmed the appropriateness and

relevance of the codes (Crabtree and Miller, 1992). Fortunately, no amendments have been made to the final template, as total agreement was achieved between the two. At the stage of findings interpretation, the final template, sample of transcriptions, and the final results report were agreed by the research supervisors. The researcher was attempted to examine the interpretations, and everything was found to be in agreement with interview transcriptions and the template.

As stated earlier in this chapter the final template that was generated from the qualitative and this was used to interpret the findings. Furthermore, the findings were presented in separate sections after they categorised into themes and sub-themes. The main point was to investigate the meaning of clinical credibility by the triad, then to discover how this concept is viewed by different groups of participants as seen in table (5.3) and (5.4). Following that, a comparison of similarities and differences between different groups was undertaken.

Table (5.3) shows the frequency of each theme stated by each triad group participants (template process outline explained in appendix H)

No.	Themes:	Frequency (n)			
		Students (n=10/ 5 interviews and 5 focus group)	**Instructors** (n=11/ 6 interviews and 5 focus group)	**Lecturers** (n=10/ 5 interviews and 5 focus group)	**Total**
1.	Clinical Currency	10	11	9	30
2.	Trustworthiness	9	7	10	26
3.	"Hands on" care	10	9	5	25
4.	Teaching Competence	7	10	8	25
5.	Skilled Communication	10	7	6	23
6.	Expertise	6	8	9	23
7.	Knowledge	5	7	10	22
8.	Skills Transferability	9	8	3	20
9.	Visibility	10	8	2	20
10.	Role Modelling	10	0	0	10

Figure (5.2): Final Template.

Table (5.4) Emerged themes division based on the triads' agreement on them		
Group A attributes Totally agreed	**Group B attributes** Agreed but with different value and order	**Group C attributes** Did not agree
Clinical currency	Communication skills	Role modelling
Hands on care	Teaching competency	
Trustworthiness	Expertise	
	Knowledge	
	Clinical visibility	
	Skills transferability	

In brief three a-priori themes (trustworthiness, competence and caring) were used to structure this template. These themes are compatible with source credibility dimensions Qualitative analysis's great strength is enabling new meanings and understanding of credibility phenomena to emerge such as role modelling, skilled communication, teaching competence hands on care, from the data that would otherwise remain unreachable.

Through continuous reading process of study finding texts and amendment of the codes the final the themes were reached. The representation of the codes was hierarchical this means that the highest-level codes represent broad themes while lower level coding represents more narrowly focused themes. The researcher start analysis with these selected themes so that they might provide a sufficiently strong structure to

produce new understandings and perceptions about the instructor's clinical credibility. Later in this chapter, all emerged themes will be presented. Moreover, all subtle notions and nuances that account for the theme and contributed in template construction will be discussed under each theme.

Table 5.5: Final simplified version of the study template (only top and second level themes):

No	Top Level Theme	2nd Level Theme	Codes
1.	**Knowledge**	Theory	• Scholarly activities • Specialist knowledge • Writing publication • Completing research
		Practice	• Teaching knowledge • Clinical knowledge • Pedagogical knowledge
2.	**Clinical Currency**		• Up to date knowledge • Keep current • Continuing education.
3.	**Trustworthiness**		• Trustful • Honesty • Fairness • Kindness • Reliable • Approachable • Consistent • Dependable. • Doesn't make student feel stupid
4.	**"Hands on" care**		• Get involved in practice • Responsible • Help students • Engaged
5.	**Teaching Competence**		• A good teacher • Good listener • Demonstrate. • Apply theory to practice
6.	**Expertise**	Academic	• Know answers. • Know how/when to find answers. • Specialty education. • Qualification and certifications
		Clinical	• Anticipate problems • Apply new information • Excellent procedural skills • Knows policies and procedures
7.	**Skills Transferability**		• Apply theory to practice
8.	**Visibility**		• Visible in clinical area
9.	**Role Modelling**		• Respectful • Confident • Level of critical thinking. • Illustrate and enhanced surveillance abilities
10.	**Skilled Communication**		• Good communicator with staff, student and other teaching team member. • English language skills • Empathy • Congruence • Student teacher ratio

5.3.3. Decentering and Reflexivity of researcher's position:

Prior to data presentation it is important to discuss the researcher's position in the current study to add to the qualitative data trustworthiness. As previously discussed in chapter three (section 3.5.5, page 145), the purpose of social constructivist approach in research is not to discover the truth but to create knowledge in collaboration with relational dialogue. Therefore, with this understanding of knowledge creation in mind, this current study will describe the process of participants' discussions, thoughts, ideas, concepts and feelings that emerged, rather than presenting findings in an objective manner. The process of stepping back from one's own particular practices is called decentering (Kessel et al., 2016). In this process one can take a position of a spectator or meta-point of view as for the first circumstance and become aware of the subjectivity of the essential viewpoint in praxis.

By taking in an observer or meta-perspective as for the original situation one ends up plainly mindful of the subjective nature of the essential point of view in praxis. From an individual position, Parker (2004) has argued that being reflexive means how people reflect to their personal interpretations, beliefs and experiences while considering how these might influence research through any political and social characteristics one may hold.

Furthermore, McNamee and Gergen (1992) claimed that according to social constructionists, reflexivity is intrinsic condition in human beings and offer the kind of self-reflection that allow alternative forms of understanding in the future. Finlay (2002)

claimed that examining the impact of the research and the participants on each other and on the research is reflexive analysis (p. 535). However, there are concerns here. The first concern is the researcher's social position and emotional responses to the researched (Mauthner and Doucet, 1998, p. 127); and the second is that 'understanding and demonstration of individuals' lives into the expository closer view and is a solution to the challenges these issues raise for researchers and the researched' (Byrne Canavan and Millar, 2008, p. 3). In response to this, while analysing qualitative data, the researcher was first reading to explore emerged themes, requiring her to give her reflexive interpretations, which, from one viewpoint, expose her constructivist driven ontological and epistemological standpoint, and also, is concerned with the correlation and disagreement between perceptions as a nurse student and clinical instructor and those whom participated in the research.

It was assumed that from conducting individual interviews and focus groups, as a method of knowledge production, knowledge can be produced between the perceptions of the interviewees and the researcher in the interview process (Kvale, 1996, p. 29). In other words, interpret interviewees (research participants) and the researcher as co-constructors of social knowledge (Finley, 2002, p. 216). As the researcher's ontological and epistemological positions in this study are constructivism oriented, there is a tendency to affirm that the relationship between the researcher and the researched is communal and dynamic. However, the aim of this study was to give voice to nurse students, clinical instructors and lecturers at HMU and enable ''them to

participate directly in the production of sociological knowledge' (Alldred, 1998, p. 150). Although there has been some influential research concerning the issue of clinical credibility, no research has been conducted in this region. Regarding reflexivity about the data collection process and analysis, as stated earlier, the nature of the social constructivist approach is reflexive oriented. According to Finlay (2002) ''reflexive analysis can give voice to those who are normally silenced'' (p. 541).

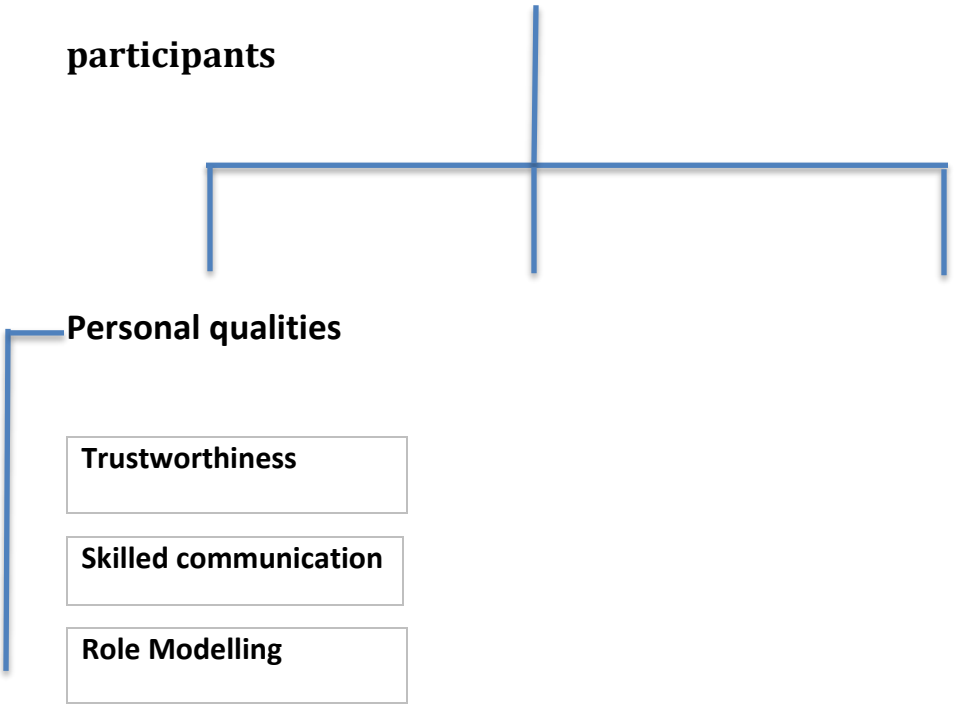
In this research study both the researcher and participants are normally silent. The main aim to be reflexive at the stage of data collection and analysis is to reveal researcher's silences. On the other hand, breaking researcher's silence will add more inquires around the topic, for example: where is the researcher's position in relation to the research process; to what extent researcher's personal emotion and experience has impact on the research. Another question that might arise is when revisiting the qualitative data how the researcher should maintain 'the balance between "insider" and "outsider" status', therefore its crucial to realise the extent to which ontology as 'reality' and epistemology as 'the relationship between that reality and the researcher' is regarded (Carson et al., 2001, p. 4). Moreover, to realize the extent to which as a writer and as a researcher, the social constructivist researcher is socially constructed and construct a field, which he/she is a part of it (Coffey, Holbrook and Atkinson, 1996, p. 69). With bearing all this in mind researchers should regularly be reminded that being reflective is challenging and problematic (Finlay, 2002, p. 541). Therefore, this has been noted while writing up this research.

5.4. Presentation of emerged themes from data analysis:

5.4.1. Personal Qualities.

The notion that teachers' appearance and personal qualities may affect the perceptions of students, the result from this research indicated that teachers' personal qualities have a positive effect on the perception of the instructor's credibility. A major finding from this study is that theme of instructor's personal qualities such as trustworthy, professional communication skill and being a role model are basic attributes of instructor's credibility.

Characteristics of credible clinical instructors according to research participants



Trustworthiness:

A sub-theme that strongly emerged from the context of credibility was trustworthiness, the critical attribute which serves as a foundation of clinical instructors' credibility. Trustworthiness is a state of being reliable and worthy of one's confidence as it relates to one's integrity and personal abilities. Trustworthiness is connected to honesty and integrity of source and emerged as one of the important components of credibility. Many respondents said that trustworthiness and its features such as trustful, honesty, fairness, kindness…etc was considered as a very important attribute of clinical instructor credibility:

> **"*There is reciprocal relationship between trustworthiness and believability, and they are both significantly linked to credibility".***
>
> (Individual Interview: Clinical Instructor 1)

All the member of the triad voiced that there is an inextricable link between credibility and trustworthiness. However, no agreements were existent among participants or indeed with each homogenous group regarding trustworthiness as a main determinant for maintaining or improving clinical credibility. It was of great importance for students to determine the teacher who was worthy of their trust when describing contributes of credible clinical instructors. One student's response was accompanied by a positive link between credibility and trustworthiness:

> "***Without trustworthiness a clinical instructor is not considered as having clinical credibility"***
>
> (Individual Interview: student 2)

In many of the cases, knowing that a clinical instructor was working in a specific clinical area as an experienced nurse meant that they could be more trusted to offer accurate information as another student showed her agreement but offered further insights into the significant link between credibility and trustworthiness, she described her feeling as:

> ***"If I know that my clinical instructor had worked as a specialist nurse in this clinical area, I will trust her/him more"***
>
> (Individual Interview: student 4)

All participants from individual and focus group interviews stated that clinical instructors who demonstrate characteristics of trustworthiness are credible. While for some, such as clinical instructors and lecturers, trust was a less important attribute of clinical instructors' credibility. Furthermore, components of the trustworthiness as described by the participant are the following (second level codes): Trustful, Honesty, Fairness, Kindness, Approachable, Consistent, Dependable and Reliable.

Skilled Communication:

One sub-theme emerged from this study focused on the instructors' relationship and it refers to instructors' relationship with the students, hospital staff and also with the other members of the teaching team. The clinically credible instructors keep up with issues concerning the students and take responsibility for those students in clinical areas. Students affirmed the value of communication to maintain instructor credibility.

For example: one participant pointed out that in order to be clinically credible in the eyes of students particularly, clinical instructors need to build a good relationship with students. This is reflected in the following extract:

> ***"Clinical credibility usually can be achieved by first building a trusting relationship with students and also having practical skills and scientific knowledge and apply it in clinical areas, because as we know theory and practice have a reciprocal relationship"***
>
> (Individual interview: Clinical Instructor 4)

Aside from their focus on the students' relationship, the relationship with clinical staff also emerged as an aspect to maintain clinical credibility. It has been viewed that there is a need to spend dedicated structured time in a clinical setting (especially hospitals) and clinical instructors should build a good relationship with staff.

The following extracts offer further knowledge about the context of the identified themes.

"The credible clinical instructor always seems to know what is going on in the clinical placement that is related to current patient care. They are not just focused on the student's supervision; they truly have a positive relationship with clinical staff in the setting that might update them with what is going on in the hospital ward"

(Individual interview: student 5)

As the questionnaire examined participants' perceptions particularly students towards credible clinical instructors, such findings are not unexpected. Participants felt that the more support in clinical instructor relationship with students, the more competent students will be in the learning settings and they will be more involved in learning activities. Related to this, it seems that the students, who experience supportive relationships from their clinical instructors, express high quality of received education.

Role Modelling

Participants identified role modelling as an important credible instructor's attribute. Indeed, only students reported the significance of the role experienced instructors play in the professional development of students. Interestingly, students defined credible clinical instructors as having the personal ability to embrace model exemplary attributes worth of emulation. The second perspective described the credible instructor as the one who persuades people around her/him. Role modelling or a good role model

emerged as a very strong concept from students' discussion regarding credible clinical instructors. One student even commented that

> ***"When you have credible and trustworthy instructors you work harder, you are encouraged by the instructor.*** (Individual Interview: student 5)

Likewise, another participant in a student focus group goes on to suggest that:

> ***"To me being a role model is a key characteristic of clinical instructor's credibility"***
>
> (Student focus group)

Another participant added her perception to the discussion

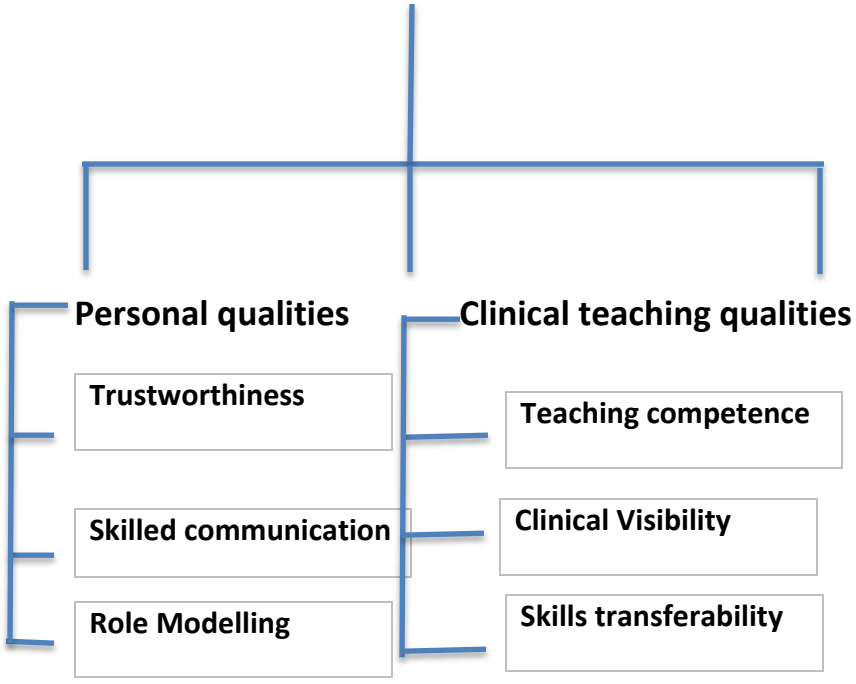
> ***'' In my opinion a role model instructor is the one who care about students, encourage them and kind''***

No attention has been paid to the positive meaning of role modelling as an attribute of clinical credibility by clinical instructors and lecturers. Students were more concerned about instructor's role modelling than clinical instructors themselves and lecturer. Being an effective caregiver for students can make the instructors a good role model for their students. Students do learn about caring from teacher's role modelling. It is obvious from the finding of this research that a good role model teacher and caring clinicians are those who regularly present and dedicated time for purposeful teaching-learning activities.

5.4.2. Clinical Teaching Qualities

According to participants in this study the clinical teaching qualities of credible instructors was composed of three factors: teaching competence, clinical visibility and skills transferability. The majority of the participants felt that teaching competence and availability during teaching placement were key elements to their conception of instructor's credibility because it enhanced the teacher's clinical teaching qualities and perceptions of expertise.

Characteristics of credible clinical instructors based of research participants



Teaching Competence:

A strong sub-theme which emerged from the data was that of competence in teaching. Most participants provided a simple argument that, to be a credible clinical instructor, instructors should demonstrate a high level of teaching ability and competence. Furthermore, this can be achieved by updating their skills through regular participation in hands on care. Students suggested that without this the clinical instructor will disassociate from practice, which will sequentially impede the learning process.

Furthermore, teaching competence has also been stressed on in a focus group interview with lecturers. One participant stated that:

> ***"Teaching or instructional competence in teaching nursing is of great importance to maintain clinical credibility".***
>
> (Lecturers Focus Group Interview)

Another participant replied:

> *"**Well, he made a good point, this means that clinical instructors must remain fairly competent clinically and educationally, and this can be achieved by attending training courses on teaching methods".***
>
> (Lecturers Focus Group Interview)

Similar sub-themes emerged from the interview with clinical instructors. Their responses were more concerned about their capability of clinical teaching.

> ***"to be available as a useful resource along with supervising students is seen as an attribute of clinical credibility by ourselves and students"***
>
> (Individual Interview: Clinical Instructor 3)

As highlighted above, participants felt that clinical instructors should adequately teach, guide, supervise and assess nurse students during clinical practice, so that they believe themselves to be credible and this is quite challenging.

Clinical Visibility:

There was a strong agreement within the group that the value of spending time in clinical settings assisted to improve clinical credibility. This was highlighted by one lecturer participant who stated that:

> ***"Clinical instructors should spend at least 3 days in a clinical setting to improve clinical credibility".***
>
> (Individual Interview: lecturer 5)

In an endeavour to show some difference in regard to the previous extract, another participant stated that:

> ***"The concept of clinical visibility should not be left open to interpretations. In spite of the nature of clinical visits the regularity and frequency of visits by the clinical instructors is quite crucial"***
>
> (Individual Interview: student 4)

However, the time range to spend in clinical practice provided by the participants varied. On the other hand, some conflicting views emerged. One clinical instructor highlighted that:

> ***"Clinical instructors' visibility is totally based on the specialty. For example, I am teaching psychiatric nursing and in my point of view in the psychiatry unit students need more hours because as we know we have some terms and***

disorders which are difficult for the student. Consequently, they need more time to explore because in psychiatry we don't have clinical practice usually by talking and psychotherapy we interact with students. In clinical areas spending 2 to 3 days and starting from morning helps the instructor to maintain their credibility".

(Individual Interview: Clinical Instructor 1)

Another participant further suggests that:

> ***"To be a credible clinical instructor they should be a role model, approachable and visible in the clinical setting with students. Presence and availability of clinical instructors with us will have a significant effect on our learning and morale".***
>
> (Individual Interview: student 1)

In summary, most of the participants argued that without exposing the instructors to practice on a regular basis, they will not achieve clinical credibility. On the other hand, clinical visibility was the least-mentioned sub-theme among lecturers in the current study.

Skills Transferability:

Transfer of skills is often considered the principal goal of clinical teachers. There is a consensus that clinical instructors themselves require current practice to enable them to transfer it to the students. Skill transferability was identified as an attribute of a credible clinical instructor by most of the participants. However, it was not often focused or affirmed by lecturers. One clinical instructor believed

> "***Clinical instructors should know clinical procedures and apply it for the students via demonstration and re-demonstration".***

(Individual Interview: Clinical Instructor 1)

Another participant from the clinical instructors shows her agreement but with further comments:

> ***"Clinical instructors should already demonstrate clinical skills because they monitor students and support staff in practice, therefore the skills should be transferable"***

(Individual Interview: Clinical Instructor 6)

The disagreement with the above opinion was disputed by another participant:

> ***"In an individual and group setting it is challenging to apply these skills in preparing and facilitating clinical teaching sessions that are inclusive***

to a wide number of students. Comprehensive teaching is challenging as each student has unique learning needs"

(Individual Interview: Clinical Instructor 5)

Another participant extended his attention to involve the role academic nurse instructor in promoting nurse education:

"Professional clinical instructor should provide transferable skills from clinical practice however in the context of higher education it requires a wider perception in recognising how to offer a proper support for students"

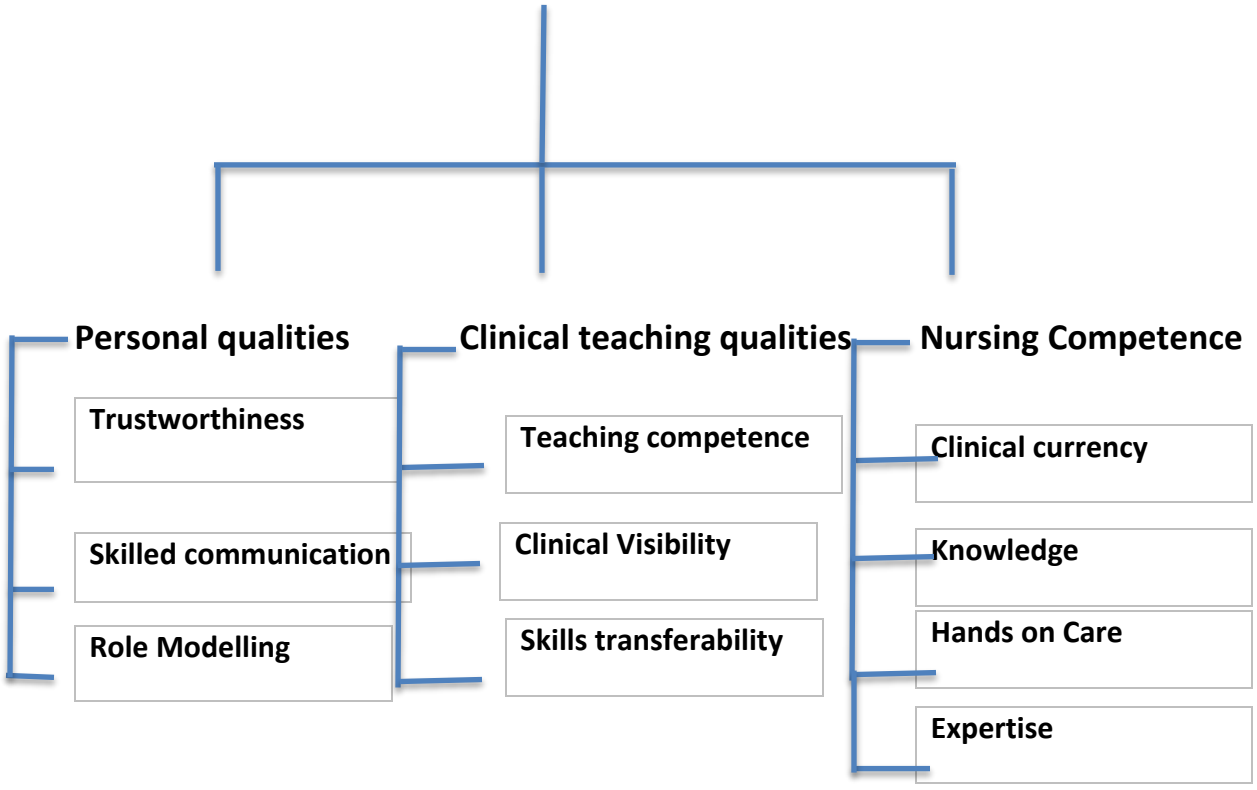
(Individual Interview: Clinical Instructor 3)

The above extracts point out somewhat broader issues to skill transferability by clinical instructors. Whilst the importance of skill transferability is acknowledged, the definite model for applying it was missing. On this basis, it seems that the focus of study participants has moved beyond the area they work within. Significantly, they often focused on the issue of linking theory to practice in the educational setting that gives credibility to the clinical instructor.

5.4.3. Nursing Competence

The participants in this study indicated that in order to be credible, a clinical instructor should exhibit certain nursing competence. Concerning nursing competence, four main sub-themes were derived from the data: clinical currency, knowledge, hands on care and expertise.

Characteristics of credible clinical instructors based on research participants



Clinical Currency:

Clinical instructors' current knowledge in clinical practice and integrating this theoretical knowledge into practice for students was a significant feature of clinical credibility. All participants from individual interviews and focus groups indicated that awareness and being up to date with what is happening is required by the clinical instructors. One clinical instructor commented continuing education in the field is crucial to achieve clinical credibility.

In addition, all participants indicated that clinical credibility is strongly related to clinical recency and currency in clinical practice and it emerged as a core and main study sub-theme. Four participants expected a clinical instructor to keep up to date and this varies from person to person and they relate this somewhat to practical background and specialty area. In the current study, students pointed out that most of the clinical instructors with many years of experience and vast theoretical knowledge in their specialty area seem not credible since most of them currently focused on teaching and student evaluating processes. One clinical instructor in a focus group stated that

> ***"Frankly, we, as clinical instructors, focus more on students' supervision in the way of assessment and evaluation process"***

Another participant in the same group agreed with this and attempted to summarise the issue of clinical instructor's credibility by reporting that:

> ***"Spending a specific time in a chosen clinical setting without students might update our knowledge and consequently maintain our clinical credibility".***

A student participant supported this with further comment:

> ***"A credible clinical instructor is the one that can do what he/she teaches"***
>
> (Individual Interview: Student 3)

Participants have been asked to elaborate further on what she means by can do what they teach. The participant goes on to state:

> "***That means the instructor should put theory into practice in the clinical context"***
>
> (Individual Interview: student 3)

Intrinsically it is crucial for the clinical instructor to maintain the link between theory and practice to create good situations for learning. This is also reinforced in the following quotation offered when focus group participants (lecturers) were asked further about the aspect of clinical currency most focus on.

"Clinical instructors are expected to integrate theory and practice in order to update their practical skills and later be able to maintain clinical credibility and competence"

Based on the findings as explained above it could be claimed that clinical instructors should be clinically competent and credible. Indeed, it should be noted that the focus of clinical instructors is their teaching that reflects on the current clinical practice and student's preparedness for the formal learning environment. So that, clinical instructors first and foremost, need to be skilled educators, actively engage in clinical practice and assist in bringing theory alive in the clinical settings rather than only assessing students.

Knowledgeable:

Interviewees were first asked to describe clinical credibility concept using the first words that came to their mind. A data analysis discovered that participants answered this question generally in two ways. The first focused on the determinant of the knowledge. Study participants perceived important attention to the knowledge that was acknowledged during analysis therefore, it was identified as one of the major study sub-themes. Examples of these answers are: "being knowledgeable", ''intelligent''. Knowledge emerged as a cornerstone determinant of clinical credibility. Knowledge is defined as the sum of what is known from the acquisition of information through research, study or experiential learning. Most of the participants related the knowledge of clinically credible instructors to their specialty area. Students' views particularly referred to clinically credible instructors as ideal teachers and an "information bank" who know how and where to find the answers. While clinical instructors themselves pointed out that a credible clinical instructor must possess a wide range of knowledge and know how/when to apply it. For example:

> *"**Knowledge is very important to work safely in clinical areas especially in the nursing profession".***
>
> (Individual Interview: Clinical Instructor 2)

Academic, practice as well as up-to-date knowledge is recognised and valued in the credible clinical instructor. The following extracts encapsulate these ideas:

"A clinical instructor with a lot of qualifications leaves a good impression on the students and clinical staff and it makes them more credible in their eyes".

(A lecturer from a focus group)

Another participant elaborates more about the meaning of this and adds further confirmation regarding the theoretical and practical knowledge, its meaning and ideology as stated below: -

"In addition to clinical instructor's level of education, a practical knowledge is also required. Credible clinical instructors know theoretical knowledge and know how to apply that in real life situations"

(Lecturer focus group)

Another participant showed her agreement to the previous extracts and went further to suggest that:

"We should not forget that specialty education is a significant aspect in teaching. So theory and practice knowledge in a specific clinical area make the clinical instructors more up to date and knowledgeable and help them to develop a wide skills base, as a result they become more credible"

(Lecturer focus group)

Lecturers highlighted that theoretical knowledge can help the clinical instructor to maintain their clinical credibility. Two different sources of clinical instructors'

knowledge encompass the subgroups located within the second level codes: practical and theoretical knowledge.

'Hands on' Care:

'Hands on' care is another sub-theme that emerged from this research study. Results from the current study showed that clinical instructors should demonstrate certain nursing competences and they can reach and maintain credibility if they perform direct 'hands on' care. Three participants (lecturers) stressed the importance of realistic clinical practice of the instructors. All student participants agreed that clinical credibility can only be attained among instructors by delivering some form of hands-on care. Furthermore, instructors in a focus group commented:

> ***"To maintain and improve our clinical credibility we must update our practical knowledge by taking part in 'hands on' care" activities on a regular basis.***

All the members of the triad in the current study frequently discussed clinical instructors' engagement in the clinical practice and this sub-theme was found in other focus group discussions with lecturers and students. In addition, this was given attention by lecturer participants in the individual interviews as seen below:

> ***"It's very important to spend some time in the clinical area talking and generally working as a clinical instructor spending time with the student. 'Hands on' care makes us more comfortable and trusted by the student. In my point of view clinical instructors should spend at least 16 to 20 hours/week to work independently and providing direct care for***

the patient along with student teaching can maintain their credibility, less than this number of hours is not enough to stay credible"

(Lecturer 2)

Therefore, most participants were agreed that the more the clinical instructor was involved in a care giving role in clinical practice with students the more credible he/she was. Interestingly, student participants added a story of active engagement on clinical practice by the clinical instructors. That is direct patient care with students. One student effectively summed up the ways that clinical instructors maintain credibility:

"***Clinical instructor's credibility is very much associated with hands on care rather than just assessing students in the clinical practice setting. So the clinical instructor should work with us and act as a role model by doing and demonstrating nursing skills"***

(Individual Interview: student 1)

This could indicate that, whilst clinical instructors are supervising students in the clinical practice they should be involved in daily direct care and helping students deliver patient care. This is an important point that to maintain clinical credibility, clinical instructors must be involved in direct contact and delivery of patient care with or without student contribution. Based on the findings explained above, it can be claimed that, instead of focusing on educational issues and providing students with 'time out' of reflection for clinical practice clinical instructors must consider taking part in the patient care as a part of their responsibility.

Expertise:

Expertise was one of the most common terms used by all the triad members to describe credible clinical instructors. According to the Oxford Dictionary (1989) expertise is a state of having the specific knowledge, training, and skills sufficient to deal with situations and problems that arise within a particular discipline. Clinical expertise was frequently identified as a significant attribute of clinical credibility by the lecturers. However, clinical instructors and students recognized that experience alone did not necessarily mean the instructor is clinically credible.

A number of participants commented that having more than twenty years of experience in clinical teaching does not automatically make the instructor clinically credible.

These findings are illuminated further by the following extract:

> ***"Clinical instructors may not know everything in all clinical settings, but at least what he/she explains for us can be trusted in specific clinical areas."***
>
> (Individual interview: student 2)

Interestingly, other participants from focus groups go on to further explain the link between credibility and expertise:

> ***"A young clinical instructor may not be as experienced as the one with more than 15 years in clinical teaching. But if they don't know anything they will seek to find out the information, which restores their credibility or maintains their credibility".***
>
> (Clinical instructors focus group)

Indeed, the majority of respondents consider that a credible clinical instructor is the expert in clinical placement including knowledge, skills and teaching competence. This could clarify inadequate understanding of clinical instructors' credibility. However, the above evidence is informed by limited qualitative data. As a result, a complementary finding from focus group discussions is required to strengthen the interview result or otherwise reject its basis

> "***Expertise alone is not adequate to maintain clinical credibility; however, it plays an important role in reaching clinical credibility".***
>
> (A participant from students' focus group)

5.5. Chapter Summary

These findings have explored the concept of clinical credibility from a triad of perceptions of students, clinical instructors and lecturers in Iraqi Kurdistan region. In summary, throughout this research several results have been discovered, as each single group of stakeholders making its own contribution. All participants claimed that clinical instructors should maintain a level of clinical credibility to assist clinical learning. Findings from this study demonstrated that individuals have different and additional perceptions about clinical instructors' credibility. There was an absolute agreement between stakeholders' views including lectures, clinical instructors and students concerning a number of the clinical credibility attributes.

However, there was a subtly different view on the other attributes. All members of the triad recognize knowledge, trustworthiness, clinical currency expertise and hands on care as critical to clinical instructors' credibility, while only lecturers and students stressed more on teaching competence, skills transferability and visibility. Despite the agreement of student participants with the other parts of the triad on the previously mentioned sub-themes, a new sub-theme emerged from the students' interviews. Students were voiced that clinical instructors' credibility has more attributes such as: skilled communication and role modelling. To recap, all of the triad reported strong agreements about a number of determinants of clinical instructors' credibility. The interviews revealed evidence that in spite of the up to date theoretical and practical

knowledge instructors have to spend a particular amount of time in hands on care to maintain their credibility. Within the student interviews, especially within sub-themes of teaching competence, skilled communication and role modelling, it was discussed how they stressed on the importance of these attributes for clinically credible instructors. The main findings have been analysed in this chapter under the emerging themes. Additional exploration of the findings will be discussed in the next chapter in relation to research questions, by looking back at the main themes from the literature (SCT domains), and by providing a critique of the research methods used in this study.

Chapter Six: Discussion of Findings

6.1. Introduction

The original contribution of this study is to enhance the knowledge and understanding of clinical instructors' credibility within the Iraqi Kurdish context. Data collected from the triad of perceptions identifies the dimensions of a credible clinical instructor. This research scope has not been previously explored by academic researchers in Iraqi Kurdistan. In pursuance of the research aims and contributions, the purpose of this chapter is to critically explain the study findings, using the proposed theoretical framework (see figure 2.2, page 124) that is underpinned by the paradigms on social constructivism. This was a lens to examine stakeholders' perception and the way that they socially construct their understanding of experience. Semi-structured interviews and focus groups were conducted to achieve the study objectives and to answer the research questions in chapter four (section 4.12. page, 205).

Social constructivists assume that social actors construct their understanding of experience together, not alone. In effect, there are communities of understanding. By identifying the information from the nurse student, lecturer and clinical instructors' understanding of both the practiced competence and observable features, will help each stakeholder to modify their competence knowledge in a different manner. The complete and adequate knowledge of clinical credibility in the author's own country is extremely necessary for the performance of the respective roles and responsibilities of the different stakeholders. Lecturer, student nurse and clinical instructors are required to be clinically competent. Clinical competence, however, can help the clinical instructor

to enhance their theoretical knowledge, updating their information, and the actual skills performance. In order to better understand perceived instructor's credibility, the traditional SCT and measures were then reviewed.

This chapter will examine the findings of this thesis in three main sections; part one discusses findings in comparison with SCT dimensions. This is followed by part two which will discuss the differences of importance of each dimension by each triad group. For example, clinical currency has been stated by all three stakeholders, indicating that they all regard it as the most important attribute of clinical instructors' credibility. Part three, outlines and discusses the emergent themes from the findings gathered from the research interviews and focus groups. For clarity, the researcher is initially going to take each emerged theme separately namely the dimensions which have been suggested by all participants will be explained in detail. The contribution to new knowledge for nurse education and clinical instructors regarding clinical credibility will be considered.

6.2. Review of findings

Findings from this study relate to and inform different fields beyond the clinical teaching in nursing. The findings build the theoretical basis for SCT (Andersen and

Clevenger, 1963; Hovland, Janis and Kelly, 1953; Sikkink, 1956) and expand on relative literature revealing individual qualities, clinical teaching qualities, and nursing competences that may increase clinical instructors' credibility and, thus, nurse instructors' effectiveness. Moreover, the findings from this research study have implications for current clinical instructors and clinical instructors in the preparation for nurse education. The construct of clinical teaching was added as a new dimension of source credibility on clinical instructors.

The qualitative difference in content and instructor-student interaction in the clinical area needs to be appreciated, a very different setting than the classroom. The clinical setting compounds the immediacy of instructor to student, coupled with close and continuing communication with clinical instructors, which results in the teaching style and rapport that instructors have with students. Thus, instructors can have a different credibility dimensions than a classroom teacher. The traditional measures were not sufficient and accurate to evaluate instructors' credibility in the context of clinical setting as the evaluation of the source credibility was in classroom. As discussed earlier the construct of clinical teaching was added as a new dimension of source credibility on clinical instructors, because of the complexity of clinical teaching environment and preparedness of clinical instructors was shown to affect students' acceptance of information. Considering the complex and unpredictable environment in clinical setting, some changes were made to the traditional measure of source credibility (after data analysis) to make it suitable in the new measure of clinical instructor's credibility. Therefore, combining traditional measures of teacher credibility with considerations

raised from clinical setting, the researcher proposed three main domains of clinical instructor's credibility; individual or personal qualities, clinical teaching qualities and nursing competence respectively.

It has already been suggested by several previous studies that nursing students, clinical instructors and lecturers will differ in their perceptions of clinical instructors' credibility (Grant et al., 2007; Ousey and Gallagher, 2007; Ousey and Gallagher, 2010; McSharry et al., 2010). Importantly, after the data was analysed from the triad namely the students, clinical instructors and lecturers, this triad of perceptions was helpful in critically examining and exploring the clinical instructors' characteristics in different cultural background. In the view of fact that using a triad of perception as a (social constructivism approach) lens has illuminated the different social realities, the study pursues interpretations of the stakeholders' perception to expose the meanings and feelings that create being clinically credible instructors. Academic literature has acknowledged different perceptions about the knowledge, emotions and values being identified to be present within the professional and competent clinical instructor (Hsu, 2006; Sabog, Caranto and David, 2015). Clinical instructors need to be professional, sufficiently qualified and active (Bartlett et al., 2000).

In this chapter, findings from the interviews and the focus groups are discussed. The data is based on the triad of perceptions for the purpose of discussion: students' perception, clinical instructors' perception and lecturers' perception. As identified in chapter three (Section 3.6, page 149), this thesis subscribes to the principles of social

constructivism, which attempts to move beyond multiple realities that can be constructed from different social actors, as in the study participants of the students, clinical instructors and lecturers. This chapter has fundamentally attempted to explain the convergence and significance of data in relation to the topic, here being 'clinically credible'. The aggregate responses from the triads tend to propose that certain dimensions are uniformly important. However, there was a meaningful difference in priority and emphasis; therefore, these results provide strong evidence that certain readily identified dimensions are most important for all stakeholders. The identified dimensions for discussion were identified from the interview discussions with participants during the interview and focus group discussion. These dimensions will now be addressed in turn for consistency. The themes and sub-themes were identified through a process of looking for patterns and then exploring the themes and sub-themes in relation to the significance order as identified by the research participants that is, clinical currency as the top priority while role modelling was recognised as the lower criteria in the priority.

Three main themes and ten sub-themes have emerged from the overall data analysis, which include clinical currency, trustworthiness, hands-on care, teaching competence, skilled communication, expertise, knowledge, skills transferability, clinical visibility and role modelling (see figure 6.4 page 289). All the participants broadly agreed that all the above dimensions are very important but with different value and order except role modelling which was only identified as a dimension by the student stakeholders.

Figure 6.1. clinical credibility dimensions from student's expectation (reality):

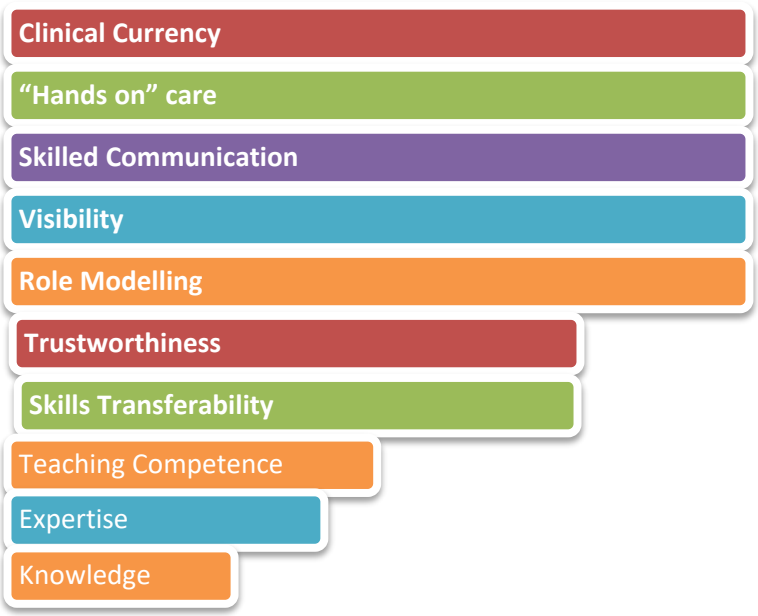


Figure 6.2 clinical credibility dimensions from clinical instructors' expectation (reality):

Figure 6.3 clinical credibility dimensions from lecturers' expectation (reality)

Figure 6.4 prioritized emerged dimensions from all the triad

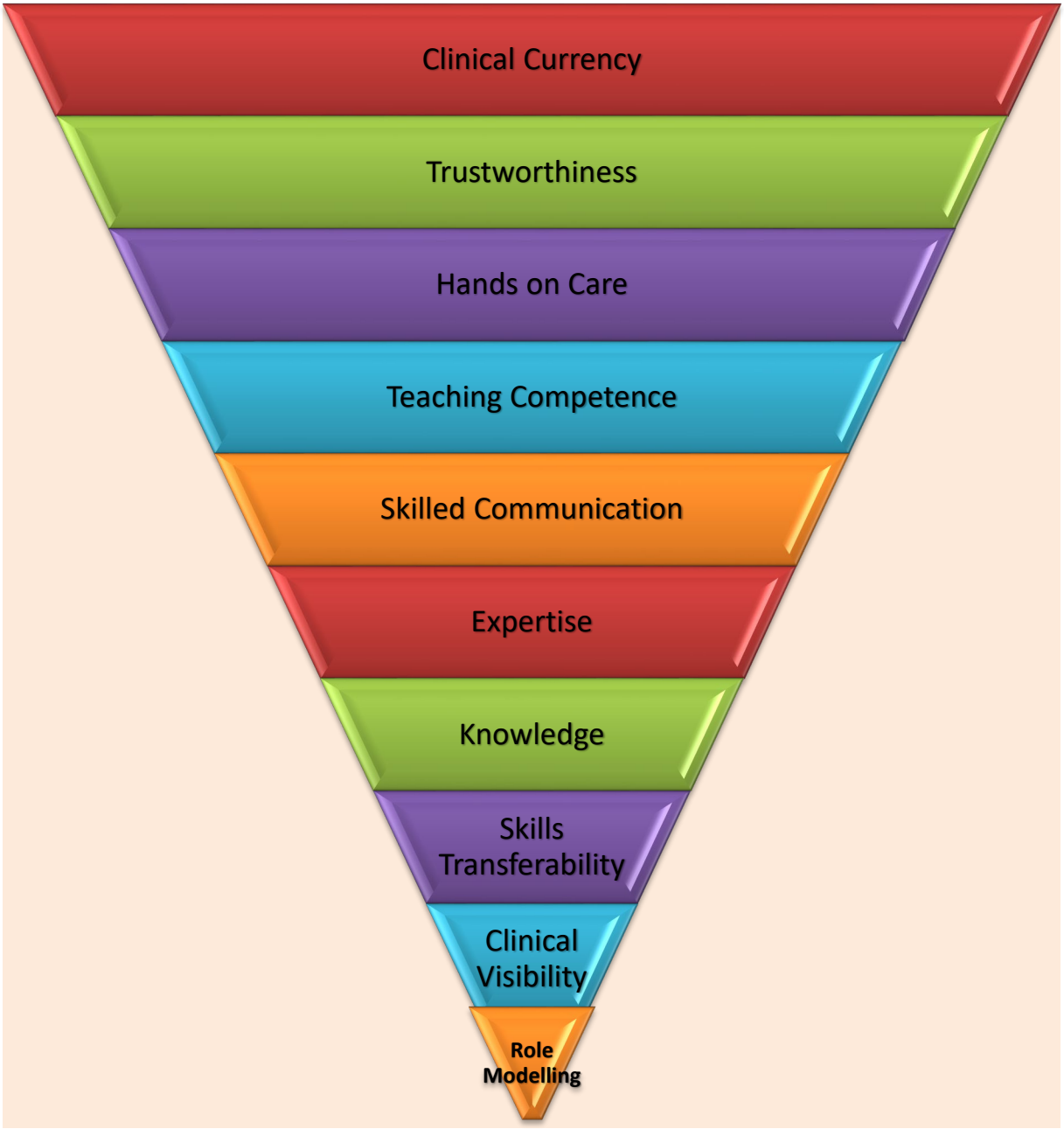


Figure (6.4) shows the ten key themes, prioritised by their repetition of occurrence in participants' text, indicating more significance due to the frequency of occurrence and emphasis by all the triad.

In this study, the dimensions were given priority according to the frequency of the term mentioned by lecturers, clinical instructors and student respondents. However, besides measuring the frequency of the term used, the results were also counted after assessing examples of the attributes of clinical competence used by the individual participants. For example, each response from different stakeholders was read more than one time to firstly identify the terms and then to examine examples in the text.

Example for searching frequency of terms in the responses:

"Spending a specific time in a chosen clinical setting without students might update our knowledge and consequently maintain our clinical credibility"

(Clinical Instructor 2)

Example for searching examples of attributes in the responses:

"a credible clinical instructor is the one that can do what he/she teaches"

(Individual Student 3)

The emergent key dimensions that impinge on the exploring perception of research stakeholders will be discussed in turn, with the implications presented in the final chapter.

6.3. Source Credibility Theory (SCT)

According to the classic SCT, source credibility was "judgments made by a perceiver, in this study a student is a message recipient concerning the believability of a communicator, a clinical instructor in this study (O'Keefe, 2002). Source credibility was a multiple-dimension construct, which embraced at least trustworthiness, expertise/competence and caring. In addition, some researchers such as Berlo, Lemert, and Mertz (1969) and Ohanian (1990) suggested source credibility should also include "dynamism" and "attractiveness". According to Ohanian (1990) physical attractiveness plays a role in assessing source credibility given the increased use of attractive models in advertisements, both print and TV alike. Similarly, in this study being a role model emerged as a significant dimension from the student's point of view. The classic SCT was established for a better persuasive effect in interpersonal communication. This theory intended to clarify the speaker's characteristics to sustain an idea and make a change using logical beliefs and arguments. Teachers generally and nurse clinical instructors particularly consciously and unconsciously shape students on the journey to becoming clinicians. They exhibit conscious and unconscious attitudes, emotions and behaviours in their relationship with students resulting from their past experiences, conflicts and needs. Additionally, clinical instructors develop insights into how their clinical skills are transmitted to students. In SCT Hovland, Janis and Kelly (1953) proposed that the source's persuasive power is increased when the receiver of a message perceives the source as credible. As a result, the more credible source will

likely be able to persuade the receiver and generate understanding or attitude change. Therefore, most educational research has supported this notion by linking teachers' credibility with positive student outcomes. For example, studies by Frymier and Thompson, (1992) Pogue and AhYun (2006) have shown that increased perceptions of credibility have led to increased reports of student motivation and affective learning. By suggesting that credibility may increase student learning and teacher effectiveness these studies made an important and strong contribution to the literature. Concerning this research study, SCT appeared to be a useful framework for studying the credibility construct as data exposed that most the triads were able to identify personal qualities, teaching skills, and nursing competences which would in their opinion, made the clinical instructor credible. From a theoretical standpoint, Hovland, Janis and Kelly's (1953) three-dimensional description of source credibility was valuable in developing the research questions, interpreting, rank organizing the individual qualities, teaching qualities and nursing competences that the triads proposed make a clinical instructor credible in their opinion. The concept that the credibility is in the eye of the receiver was useful as a framework for understanding and analysing participants' (particularly students) perceptions and construction of clinical instructors' credibility. Template thematic analysis proved to be beneficial in analysing the data to identify the dimensions of credibility and recognize emerging trends on the data. As the SCT dimensions acted as a useful base template for data analysis. As discussed earlier, according to Hovland, Janis and Kelly (1953) credibility is composed of three dimensions, namely, competence/expertness; trustworthiness and caring. The findings

from this research study are consistent with this notion as the stakeholders indicated individual qualities, clinical teaching qualities and nursing competence that supported the existence of these dimensions. For example, personal qualities such as “trustful”, “respectful”, “expert”, “knowledgeable” and “good communicator”, which suggested that a credible clinical instructor must demonstrate reinforced the existence of the competence and trustworthiness dimensions of credibility. The teaching qualities indicated by the triad such as “good teacher” and “visible in the clinical area”, “approachable” and “apply theory to practice” suggesting a credible clinical instructor should demonstrate clinical teaching skills related primarily to the trustworthiness and secondly, to the competence dimensions of credibility. In addition, characteristics such as the ability to “treat students well,” “get involved in practice,” “keep current”, “demonstrate pedagogical knowledge” and “show excellent procedural skills”, suggesting that a credible clinical instructor’s must be “a competent nurse instructor” related to the caring, competence, and trustworthiness dimensions of credibility. As a result, the findings from this study support all three dimensions of credibility and this this consistent with most literature (e.g., McCroskey and Teven, 1999; Teven and McCroskey, 1997). According to McCroskey and Teven (1999) the literature has not argued over the credibility importance in the process of persuasion; however, many studies ignored the “caring” dimension of credibility, due to misanalyses. Further support was provided by McCroskey and Teven for the existence of the third dimension (caring) of credibility.

In the current study only the data from students's perception supported the existence of the caring dimension through the indication that a clinical instructor should demonstrate teaching skills such as "being a role model" and "care about students" and "be kind to them". Applying social constructivist approach in this study aided the researcher to interpret the multiple perspectives of the world that allowed to support collaborative construction of knowledge through social negotiation. This shows that the message can be perceived in a different way by each member of the triad, so caring as a sub-theme of credibility might be important for a group of triad and less important for some others. This can be clarified based on the SCT which determines that specific elements might affect how the message is perceived, for example the age, background and time.

Furthermore, SCT (Hovland, Janis and Kelly, 1953) posits that many factors influence what characteristics are valued by the receiver to make a source credible and these characteristics may be flexible and change over time. McCroskey (1966) suggested that such variation may be due to the fact that communication may be a dynamic process where perceptions might change over time. The findings from this study have shown that the characteristics of credible clinical instructors may vary for the triad and these important arguments have been neglected by the literature on credibility particularly in nurse teachers (Cardwell et al., 2019). Through assigning different levels of importance by the triad to different characteristics of a credible clinical instructor this study lend support to SCT (Hovland, Janis and Kelly, 1953; McCroskey, Holdridge and Toomb, 1974). Revealing characteristics by the triad deemed necessary, therefore the

present study brings us one step closer to understanding what the most explicit characteristics are to make a clinical instructor credible. In addition, the findings revealed specific characteristics that indicated all the triad agreed on instructors' personal qualities, teaching skills, and nursing practical competence that contribute to students' learning.

To sum up, SCT was useful for studying the credibility construct as it was clear from the data that the triads understood that credibility conceptualized the message form clinical instructors' ability to be believable. This study targeted the importance of verifying students' as well as teachers and instructors' conceptions of individual qualities, teaching qualities, and nursing competence representing the three dimensions of source credibility as scholars in the field have suggested. In addition, the notion that the credibility construct is perceived differently by different people was manifested through the different characteristics and different priority, the stakeholders pointed out to make a clinical instructor credible.

6.4. Clinical instructor's credibility

SCT (Hovland, Janis and Kelly 1953) conceives that the message is likely to be perceived differently from different receivers or evaluators. Thus, the proposition guiding this study was that different stakeholders were perceive credible clinical instructors differently as they have different priorities for the credible clinical instructor characteristics; these have been illustrated in the diagram (6.1, 6.2 and 6.3). Findings indicated that all triad agreed about the importance of obtaining and maintaining

clinical credibility by the clinical instructors. This is because a clinical instructor's credibility will ensure a student's learning and consequently a teacher's effectiveness. If teacher effectiveness is determined by the amount of learning students experience and teacher credibility increases the chances of student learning, it is rational to think that the credibility of the clinical instructors could have a positive influence on the clinical instructor's effectiveness. The more credible the teacher is, the greater the chances the teacher will be an effective one. Consequently, learning how students perceive credibility may assist in the development of more effective teachers. The more credible the clinical instructor is, the greater the chances the instructor will be an effective one. Another explanation for this general agreement is that the clinical instructors need to achieve and maintain clinical credibility that will help their role to move forward, and that will consecutively improve the teaching-learning process. Consequently, learning how stakeholders perceive credibility may assist in the development of more effective clinical instructors. Nurse education literature such as Fisher (2005) and De Guzman et al. (2007) has explored what specific descriptors make health educators credible. De Guzman (2007) set out to explore specific characteristics of clinical instructor's credibility in the eyes of students. De Guzman et al., claimed that professions should be investigated individually while students' perspectives should be explored in order to truly explore credibility as a construct.

The findings from this research study supports the study from Fisher (1992) as the credibility construct was investigated in relation to clinical instructors' credibility and used triad's perception. In his study, Fisher (1992) claimed that professions should be

investigated individually while main stakeholders (particularly students) should be heard in order to truly explore credibility as a construct. Overall, the findings from the present study align with those of Fisher as students indicated characteristics that related to credibility. However, the findings add to the study of Fisher as a number of stakeholders' perspectives that have been explored in the present study indicated that there is different priority of the credibility characteristics. Therefore, more comprehensive credibility definition will be presented.

Similarly, the findings from the present study align with those of De Guzman et al. (2007) as students indicated characteristics that related to credibility. However, the findings add to the study of De Guzman et al. (2007) as the students in this study indicated that nursing competence was also a determinant in the credibility of the clinical instructors in addition to physical appearance and clinical teaching skills. Two reasons may explain why students in the study of De Guzman et al. (2007) did not indicate nursing competences as an important factor facilitating credibility. Firstly, De Guzman et al. (2007) only utilized an open-ended questionnaire for students to complete that asked "how you view your credible clinical instructor". Although probing, this question asked for physical appearance and teaching ability of the health educator, which may have hindered students from describing factors such as availability in the clinical area and providing direct patient care.

Secondly, only students' responses have been considered. Their perceptions could have eliminated any clinical instructors and lecturer's suggestion indicating nursing

competences as a contributing factor to credibility since the literature did not consider practical skills such as hands on care as a dimension of credibility. It is important to note that credibility is, as scholars have noted (e.g., Hovland, Janis and Kelly, 1953), not a fixed, but rather a relative and flexible construct. This concept was supported by the findings from the present study which suggested that each group of the triad has their own perception of credibility. It appears that credibility is in a continuum, where "less credible" is on one end while "more credible" is on the other, and the credibility of the clinical instructor changes constantly towards one of the two ends. These findings indicate that each stakeholder group had their own scale for credibility assessment, which was based on the background and knowledge of each group and set of values and beliefs. A characteristic and behavior performed by the clinical instructor could have been interpreted differently by the triad. An example of this was the differences in the triad's perceptions that they had different emphasis and priority for the characteristics they believed would make a clinical instructor credible. Although the findings imply there was a level of consensus among all the triad of what characteristics make the clinical instructor credible, it was apparent that each action performed by the clinical instructor had a different effect on nurse students. An example of this was particularly observed in the student's and other stakeholders' responses in which they had dissimilar rank order for the most important attributes they considered to make clinical instructor credible.

For example, in the students' point of view the most important things that make clinical instructor credible was to be clinically current, demonstrate hands on care and have a

good communication skill while in the clinical instructors' point of view same dimensions such as hands on care and skilled communication have been mentioned as the least important dimensions. Furthermore, given the study´s findings, it seems that for students a clinical instructor may be required to perform many actions (such as care about students, encourage them and dedicated time to them) that make them a role model before they perceive the clinical instructor as a credible one. For clinical instructors and lectures, being a role model is not very important to be credible instructors.

This finding is consistent with recent educational literature advancing a student-cantered approach to research which values and recognises the contribution students can provide. In studies by Valiee (2016), Fisher (2005) and De Guzman (2007) attention has been paid to the need of learning the thoughts, feelings, and ideas students and lecturers have about clinical instructors. Following a review of previous studies, this current study asked students, clinical instructors and lecturers (identified as a triad) about their perceptions and construction of clinical instructors' credibility. The triad designated individual qualities, clinical teaching skills and nursing competence that, in their opinion, would increase the credibility of clinical instructors. The characteristics described by the triad yielded ten dimensions. According to the triad a credible clinical instructor is "trustworthy", "demonstrates good communication skill", "a role model", "competent teacher", "visible in clinical area", "able to transfer skills", "clinically

current", "knowledgeable", "demonstrates hands on care" and "expert". The following sections discuss each of these dimensions as they relate to the relevant literature.

6.5. Triad of Perceptions:

While the previous sections discussed the theory that underpinned this research study and its emerged dimensions from the data indicating what the triad perceived to be essential in making a clinical instructor credible, this section illustrates how the triad constructed those perceptions. Social constructivism was used as a backdrop to assist in the interpretation of this phenomenon by presenting multiple realities. Social constructivism posits that there are multiple realities – in this case different credibility dimensions perceived to be important for different stakeholders – according to this variation in opinions among the triad credibility meanings are constructed. Simply put, this perspective advanced that triad's construction of clinical instructor's credibility was influenced by the interaction among the triad.

Data interpretation revealed that the interactions among social actors in this study (students, clinical instructors and lecturers) provided a background to construct and refine their perceptions of credibility. This qualitative study is underpinned by the ontological assumption of multiple realties; persons understand reality in different ways that reflect individual perspectives.

Data supporting this concept are presented in the following sections. This triad framework indicates that these multiple levels interplay with each other in shaping instructors' credibility judgments. The power dynamic relationship inside the triad framework shows the different level of understanding about the concept. Lectures have more power in this relationship over instructors and students, and students hold the least power. This affects how they perceive the characteristics of credible clinical instructors. This research study has been innovative in exploring all these perceptions that have different levels of educational background, age, priority and dower.

Previous credibility studies have tended to use the measures of credibility concept by examining single perceptions on credibility issues. Each social group seems to possess their strong sense of what credibility means. Each stakeholder group may have multiple constructs of credibility, with the construct being closely related to the background and educational level of the group. For instance, clinical credibility dimensions for students were different from clinical instructors and lecturers in terms of priority and value. This research study aims to look at what the perceptions of Kurdish lecturers, instructors and students are regarding clinical instructors' credibility. For the reason of clarity, in section 6.6 the emerged dimensions will be discussed separately and in greater depth. Based on the findings, this section will discuss whether the perceptions of the triad are different or similar. This section will also examine the proposed explanations of the differences and similarities among the triad.

Findings from this study by using the social constructive approach have clearly indicated that all participants agreed about the importance of obtaining and maintaining clinical credibility by the clinical instructors. All of the participants' agreement might be due to the fact that a clinical instructor's credibility will ensure a high-quality health care system that will consistently provide safe and efficient care. Another explanation for this general agreement is that the clinical instructors need to achieve and maintain clinical credibility that will help their role to move forward, and that will consecutively improve the teaching-learning process. The results from the three samples (triad) in this study suggest the presence of ten dimensions of source credibility for clinical instructors. For the first sample (students), the data analyses resulted in ten clear dimensions while for the next two samples (clinical instructors ad lecturers) data resulted nine credibility dimensions.

These ten dimensions which have emerged from the triad of perceptions are divided into three groups (see table 5.4, page, 251). This division is based on the number of the participants in the interview and focus groups who mentioned each theme, and the way that the participants have focused on them through repetition and refereeing back to it.

For example, clinical currency has been stated by all the triad, but the students' group has focused on it more as when the students moved to another theme, they again referred back to it.

> ***"If I know that my clinical instructor had worked as a specialist nurse in this clinical area I will trust her/him more, so in addition to trustworthiness being clinically current is quite crucial"***
>
> (Student 4)

This means that clinical currency was one of the most important credibility attributes for them. Knowledge is also suggested by all the triad but with different value and order. The hypothesis of that will be discussed later in more detail. Ten emerged dimensions have been highlighted in the next sections that are repeated and valued differently by the different group of participants. In view of the above discussion, it can be concluded that clinical instructors' credibility is regarded to be an important aspect of clinical teaching at HMU, as not only students, but even lecturers and clinical instructors were aware of the importance of these attributes. Based on the emergent themes, the researcher is going to explore the themes from the perception of each triad group. As the purpose of this study is to identify different stakeholders' perception concerning the clinical instructor's credibility, it is of great importance to determine their views toward this phenomenon. While there are important findings emerging from this study in regard to clinical credibility attributes, the results indicate mixed findings. For instance, the value of role modelling was significantly different.

Totally agreed dimensions:

This section will begin by examining the clinical currency, hands on care and trustworthiness, first presenting these dimensions from the triad of perceptions then discussing the proposed explanations of the difference and similarities. This study has demonstrated that all the participants from a triad stated that the theme of clinical currency, hands on care and trustworthiness are the most important dimensions, as illustrated in table 5.4, page, 251. It is of interest that all parts of the triad perceived that these are most important attributes. This might be due to the fact that these attributes have a great impact on the teaching and learning process.

Explanation of insignificant difference between the triad about clinical currency and hands on care might be due to the importance of hands on care and clinical currency for clinical credibility development in practice. Clinical instructors, who are engaged in direct patient care, as well as student's supervision, are those who are clinically current (Nazari and Mohammadi, 2015). Lecturers and clinical instructors in this study were especially positive about hands on care and this was consistent with students' perception. One instructor said,

> ***"Instructors must have clinical skills and continuous professional development; to me this can be achieved by direct patient care along with student nurses in the real clinical situations"***

A student participant has added,

> "***a clinical instructor's credibility is very much associated with hands on care rather than just assessing students in the clinical practice setting…..***"
>
> (Individual Interview: student 1)

This study has confirmed that through hands on care, clinical instructors regularly update their theoretical knowledge and practical skills on the latest trends in practice. In addition, this will support them to teach up to date procedures that are relevant to the contemporary practice and technology development and this will positively influence students' performance. This has also been confirmed in a study by Wall and Elliott (2008). For participants in this study, as well as those within the literature explored, there appears to be ground for raising awareness as to the importance of hands on care on maintaining clinical credibility. As a result, it is of great importance to integrate some personal time to spend in practice for clinical instructors (without supervising the students) to the nurse educational curriculum. Even though all the triad perceived hands on care as a significant dimension to maintain credibility, but the reality in the Iraqi Kurdistan context is that clinical instructors are recruited by universities. As a result, clinical instructors are not expected to provide hands on care or direct patient care as they are not paid by health care agencies.

The finding of this study will provide base for all clinical instructors to examine and improve their own priority for a better clinical teaching and to realise characteristics

that are effective in maintaining clinical credibility. In addition, it has been reported that the clinical instructor's trustworthiness affects the student's ability to learn and allow them to ask questions during their clinical practice more freely.

A lecturer from an individual interview stated that:

> ***"From my experience as a clinical instructor when you show uncertainty on the student nurse's capabilities while performing a procedure, this will directly affect her/his self-esteem".***

An example from student perception

> "***Without trustworthiness a clinical instructor is not considered as having clinical credibility"***
>
> (Individual Interview: student 2)

Therefore, the simplest hypothesis to explain this is that the clinical setting can be unstructured and overwhelming; this will lead to heightened states of stress and anxiety. This is also confirmed by many authors (De Guzman et al., 2007; Marshall, West and Aitken, 2013). A trustworthy clinical instructor is the one that will be able to develop educational interventions to decrease student's anxiety, when anxiety is minimised, a student's learning increases (Ismail, Aboushady and Eswi, 2016).

Agreed dimensions but with different value and order):

Six other themes including communication skills, teaching competence, expertise, knowledge, clinical visibility and skills transferability, as illustrated in the table 5.4, page 251, have also been agreed upon by all the participants, but in different order and value. For example, communication skills have been stated by all the triad, all of the student participants mentioned and emphasised on this because for students, the way that the clinical instructor treats them is more important than anything else in the clinical situation. However, the group of lecturers and clinical instructors have highlighted this but with different order and value. For example, a group of lecturers who teach theoretical classes mentioned this with less emphasis than a group of clinical instructors. This discrepancy was due to their differences in educational background profiles and knowledge about learning process. In this study, emerging results from students' perception indicate that the students-instructor's relationship significantly influences the student learning process. This may explain the high ratings given by students. It has also been supported by Tang et al. (2005) that students are more in need of a role model faculty that displays respect and a friendly attitude towards them.

This argument between participants about the importance of communication skill is likely to continue; however, this study contributes to the body of knowledge by demonstrating the value of communication skill in maintaining clinical credibility and also this study revealed that in addition to students, clinical instructors and lectures

stated this theme as important to improve clinical credibility. Consequently, it could help to establish clear and reciprocal expectations among the clinical instructors and the students which could help to improve clinical instructors' credibility contributing to effective learning. This will give evidence that the body of knowledge related to clinical instructors' credibility and effective ways of maintaining it. Additionally, they will add grounds for looking at clinical teaching in a new glow.

The clinical instructor's visibility is crucial and it is always connected to skills transferability. Findings established some discrepancies between stakeholders' rating and valuing of clinical visibility. Students were more likely to value clinical instructors' visibility in the clinical setting, whereas lecturers and clinical instructors mentioned this theme but with less emphasis. This discrepancy might be due to the fact that at HMU, there is no mentorship program so students are completely supervised by clinical instructors. As a result, students are in more demand for their clinical instructors in the clinical setting. However, if there was a mentor role in hospitals, students were in less demand to seek the presence of clinical instructor except for evaluation process. As stated earlier in this chapter someone must directly supervise students and demonstrate how to apply theory into practice through mentorship and supervision. For this to be achieved, the clinical instructor should spend more time with students in the clinical practice and supervising them which is a powerful way of enabling students to realise desirable practice. However, high rating for visibility attribute by students

suggests students value a clinical instructor's visibility when they supervise their learning directly and indirectly.

The high rating of clinical visibility by students may be related to several factors. Firstly, in practice setting, the clinical instructor plans and coordinates the student's entire learning experience (Kelly, 2007). Next, high visibility of clinical instructors reflects on students' progress and outcomes thus, presence of the clinical instructors in the clinical area can ensure a favourable clinical learning environment for students, particularly in the Kurdish context. Nurse student are greatly depending on the clinical instructor in the clinical setting at HMU, since there are no mentorship programs. A clinical instructor's visibility could be enhanced if it focused not only on student's evaluations but also contributing to hands on care and direct patient care within practice. This study finding is consistent with literature in regard to clinical visibility. However, the findings support the need for a clinical instructor who works or can be with students at the bedside within the practice setting.

According to the results obtained from this study, participants also viewed expertise to be one of the important attributes of credible clinical instructors. The lecturers' rating for expertise was slightly higher than clinical instructors' and students' rating, this means that lecturers valued academic and clinical expertise as they believe it strongly affects a clinical instructor's credibility. This has also been supported by Kelly (2007). From the results, one could conclude that clinical instructors, who show confidence in

their skills to help students in bridging the theory-practice gap, would appraise expertise more positively. These discrepancies might be due to the fact that participants' formal years of education and teaching experience could affect a clinical instructor's expertise.

Participants suggested that clinical credibility is achieved by the expert clinicians to a greater extent, because they have the academic and clinical expertise to teach and support students. A likely explanation for students placing less value on this attribute might be due to their negative experiences of expert instructors to be credible teachers. This may be because not enough priority is given to clinical instructors' hand on care at HMU and they are far removed from practice. The role of clinical instructors at HMU includes student supervision in clinical practice, administrative or management responsibilities and research. Due to many demands at one time, clinical instructors are unable to spend personal time in clinical practice to improve their clinical skills without supervising students. As a result, job description for clinical instructors at HMU should be updated by adding guidelines and standards such as specific time required by the clinical instructors to spend in clinical practice in order to improve their clinical credibility.

All of the triad rated and valued teaching competence as an important dimension of clinical credibility. This agreement represents the importance that students, lecturers and clinical instructors place on teaching competence but with dissimilar weight and order. This simply describes the ease in which the clinical instructor provides a tool of

attracting people for best clinical services and raising the standard of living. Through the critical analysis, one would realise that one of the most important aspects of clinical instructors' credibility lies within their teaching competence. This agreement might be due to the fact that the teaching competence of the clinical instructors affects the ability of students' achievement and performance. Another possible explanation for this finding, however, is that students were less optimistic about the instructional skills of their clinical instructors, and they claimed that improving their teaching skills could be linked to the pressures of the invisible or hidden curriculum.

In addition, one of the criteria for clinical instructors' recruitment at HMU is a minimum of one year hospital experience; this might be the reason for inadequate teaching competence, which in turn affects students' quality and awareness of their professional ability.

For example, one student stated that:

> ***"Teaching competence is significantly linked to clinical instructors' credibility, here at HMU most instructors start their clinical teaching one year after their graduation without any academic preparation which could limit student ability to meet their daily clinical goals".***
>
> Student focused group

Previous teaching experience, rather than qualifications and research-based knowledge, is more positively appreciated by students. This might be due to that fact that adequate teacher preparation has to be effective in shaping future clinical instructors' performance in their daily teaching. As a result, the current curriculum and teaching programme at HMU should be challenged, recruiting the most experienced clinical instructors which acquired theoretical and clinical teaching, leadership and research experiences either before or soon after employment as an educator. In addition, HMU and all other nursing education institutions in the Iraqi Kurdistan region are encouraged to develop a competency testing tool for the clinical instructors to monitor and evaluate their teaching competence.

Furthermore, the result from this study shows that lecturers focused more on the teacher's knowledge as a key factor in teacher professionalism, however students' value for teachers' knowledge were less. This might imply that if clinical instructors have more theoretical knowledge that help their performance and create effective teaching and learning environments, so this would encourage students to participate more in the clinical practice.

Disagreed dimensions:

The last but foremost theme is role modelling and it is regarded to be the most interesting theme in this study as this is only mentioned by students. The lecturers and clinical instructors did not disagree with the importance of all clinical credibility

dimensions, but they did not regard the role modelling dimension to be important to demonstrate credibility. This significant difference shows that clinical instructors' and lectures' viewpoint on this particular attribute is very close. Lecturers and clinical instructors did not identify role modelling as an important attribute of clinical credibility, whereas students rated role modelling as one of the most important attributes. This study did not answer a question: why lecturers and clinical instructors did not mention role modelling as one of the clinical credibility attributes, so further research is warranted. However, this might be because students identify clinical instructors as their role model and most likely rated and valued role modelling as most crucial. High ratings by students in clinical instructor's personality might be due to the high student anxiety in the clinical placement that affects their motivation to learn.

Students claimed that a clinical instructor who accepted them as individuals and did not embarrass them would motivate them and decrease their anxiety. The clinical instructor's personality is crucial because experiencing the proper pattern of clinical instructor's behaviour is a motivation for educating students. Disagreements might also have been due to students' greater emphasis on role modelling that affected them personally because students having a good role model inspires them to study better. Another explanation of this discrepancy between students' perception and lecturers and instructors' perception might be due to that fact that students require a clinical instructor who could function as a role model and demonstrate clinical procedures step by step, along with enormous clinical guidance. The students' value and order of role

modelling showed that their personal behaviour is significantly affected by their clinical instructors, in clinical situations.

Therefore, during planning and implementing nursing students' curriculum content, it is important to consider the improvement and the transfer of learning later. It is significant that careful sequencing of content and instruction be planned. Credible clinical instructors can encourage successful experience and increase students' self-confidence in the clinical setting. This study contributes to the body of knowledge by recognising significant differences among perceptions of students, lecturers and clinical instructors on role modelling.

6.6. Interpretation of emerged dimensions

The results of this study show that the credibility measures for instructors are slightly different from teachers generally (e.g. classroom teachers). Therefore, new measures of instructor's credibility have emerged in this research related to nursing education as shown in the diagram below (figure 6.5). The characteristics described by the triad yielded three themes. According to the triad, a credible clinical instructor must possess the following (a) "personal qualities", (b), "clinical teaching qualities", and (c) "nursing competences". The following sections discuss the implications of each of these themes as they relate to the relevant literature.

Figure: (6.5) three emerged themes and ten emerged key sub-themes from the current study which emerged from all the triad of perceptions, are as follows:

6.6.1. Personal Quality Dimensions:

6.6.1.1. Trustworthiness as a dimension of clinical credibility

Previous studies have confirmed that the credibility of a clinical instructor is one of the most significant attributes in the role of clinical instructors from the student's point of view. Based on the three parts of the triad responses, the present research demonstrates that trustworthiness is one of the most crucial elements that decides a clinical instructor's credibility. The results highlighted that out of 31 participants, 26 favoured trustworthiness for determining the credibility of clinical instructors (90% of students, 63.64% of clinical instructors and 100% of lecturers) as seen below in table 6.1. Social constructivism was helpful in identifying this dimension as it assisted in bringing all realities from the triad together. The triads construct understanding of experiences together. This demonstrates the valuable contributions that every member of the triad has made to the research process and understanding trustworthiness dimension of the credibility. This confirms the principle of social constructivism theory which asserts that all meaning is socially created.

Table 6.1 Samples from triads' responses for trustworthiness as a credibility dimension

Triad member	Sample response	Frequency (n=31)
Lecturer 3	trustworthiness is a factor improving instructor' credibility (for example be fair to all students)	26
Clinical instructors 1	..trustworthiness and believability are both significantly linked to credibility	
Student 5	When you have credible and trustworthy instructors you work harder	
Student focus group	We did not consider a clinical instructor as credible if he or she does not possess all forms of trustworthiness such as be honest, fair, kind, reliable, does not make students feel stupid, consistent, dependable, as well as approachable	

The research participants also indicated that in order to be trustworthy, it is necessary that the instructor is trustful, honest, fair, kind, reliable, does not make students feel stupid, consistent, dependable, as well as approachable. The student stakeholders paid more attention to trustworthiness. Many of them reported that they did not consider a clinical instructor as credible if he or she did not possess trustworthiness.

*"**Without trustworthiness a clinical instructor is not considered as having clinical credibility**"*

(Individual Interview: student 2)

On the other side, clinical instructors have shared that there is a reciprocal relationship between trustworthiness and believability. It means that when one has belief in the performance of the clinical instructor, one can easily develop trust in the individuals. However, students in this triad of perceptions added that the clinical instructors should demonstrate characteristics of trustworthiness in front of their students to help them develop trustworthy relationships with their instructors.

"*There is a reciprocal relationship between trustworthiness and believability, and they are both significantly linked to credibility".*

(Individual Interview: Clinical Instructor 1).

From this study all participants agreed about the importance of the trustworthiness attribute, however the priorities according to the stakeholder groups were different. Lecturers ranked trustworthiness as one of the most important attributes while student participants ranked this attribute as the second most important, and clinical instructors

rated it fifth in the list of importance. This discrepancy might be due to the claim made by students and lecturers that a trustworthy relationship with clinical instructor has positively impacted on the student's engagement and self-directed learning in the clinical setting. The reason why instructors do not incorporate trustworthiness as one of the top characteristics may be because of the power dynamic in the student teacher relationship. As a result, instructors might not focus on a trusty and friendly relation with students as a priority to maintain credibility. Clinical instructors see themselves in the more powerful position supervising students, particularly in the Iraqi Kurdistan context. The student teacher relationship in Iraqi Kurdistan is hierarchical and authoritative leadership, lecturers being on top of this hierarchy having more power over instructors and students, and instructors having power on students.

Marshall, West and Aitken (2013) claim that composites of trustworthiness are developed based on the significance of being honest with students and provide constructive criticism for productive clinical instruction. It is important to highlight that participants have linked trustworthiness with their experience of working with experts and professionals. As a result, students who are supervised by trusted and experienced clinical instructors are more confident when performing clinical skills. The clinical instructor must provide a trustworthy atmosphere and demonstrate trustworthiness, where students can ask questions without feeling they are stupid. For example, the interview of student 4 stated that

If I know that my clinical instructor had worked as a specialist nurse in this clinical area, I will trust her/him more.

(Student 4)

To be trusted by students, colleagues, patients and hospital staff will help to build confident relationships. Credible clinical instructors provide suitable and practical feedback to their students regarding clinical placements. They give unique and practical feedback regarding student's performance and they are conversant about each student's individual learning needs. The trusted clinical instructor is valued due to the criteria for acceptable performance. Acceptable performance criteria for clinical instructors is generally defined in instructors' evaluation forms that are set by quality assurance committee at HMU. On the other hand, this result is not in agreement with the findings of Ismail, Aboushady and Eswi (2016) whereby remaining accessible to students was observed to be the most important clinical instructor behaviour.

Results obtained from this study are supported by Steves (2005). He found that nuclear medicine technologists identified that responsibilities such as teaching students: skills, attitudes, and knowledge necessary to become expert technologists. Therefore, the results have shown that the most accessible clinical instructors are those who are more trusted even if they are not the most knowledgeable. Consequently, clinical instructors must not fail to answer questions but remember to address them at more appropriate times. The way instructors respond to student's question have a significant impact on

instructors' trustworthiness. Leaving too many questions unanswered by the instructors might lead to students' discouragement to ask them or the instructor may lose credibility with students. In addition, it is required from the instructors not to acknowledge that they do not know the answer to a query.

The most effective way to teach graduate students is to seek the answer together with students by locating a proper information source and inspires student nurses to become independent learners. As a result, the instructor will serve as a role model for students' lifelong learning. Moreover, the results of the current study confirmed that the establishment of trusting relationships between the students and the clinical teacher is highly essential because it is one of the factors that determines the credibility of the instructor. De Guzman et al., (2007) portrayed similar findings. They defined trust as an emotional aspect associated with the image building activity. The research participants have recognised trust as an influencing agent. For this reason, anyone having skills to communicate interpersonally is recognised as relatively trustworthy rather than having theoretical and clinical expertise. According to De Guzman et al., (2007), trust is a crucial dimension in predicting the credibility of a clinical instructor since students are dependent on the instructors for knowledge and practical experiences. The findings of this study are consistent with the results of De Guzman et al. (2007) and Marshall, West and Aitken (2013) since they indicated that expertise and trustworthiness of the instructor are characteristics that define source credibility and credibility.

Coe-Regan and Young (2008) have identified that for developing an understanding of, and with, students, it is necessary to have trust. For instance, students perceive that those clinical instructors who lack trust between them and the students do not provide students with an opportunity to become independent practitioners themselves. Some degree of trust is highly necessary for a clinical instructor and students teaching relationship since it facilitates clinical learning. Another reason of trustworthiness as projected by Russ, Simonds and Hunt (2002) among clinical instructors and the students is to know them. Effective teachers usually have high expectations of their students in terms of their behaviour and their standard of learning, and they help their students meet those expectations. This is necessary since the result of knowing the students and understanding them individually is necessary for the learning process. Student participants from this study underlined that in addition to knowing the students, it is necessary that the clinical instructor should be kind, honest, reliable, and should not make students feel stupid. Students mentioned these characteristics when describing what makes a clinical instructor trustful. However, this relationship would only be based on mutual trust and respect. The power balance in the student teacher relationship has a significant effect on students' learning. The clinical part of nursing education is more stressful than the theoretical part, nursing students usually experience moderate to severe stress in the clinical setting. Therefore, demonstrating a power balance between instructors and students is of great importance, consequently students feel more comfortable and they perceive their instructors as more credible. These findings bring us back to social constructivism that examines jointly constructed

understandings. Understanding trustworthiness as a dimension of credibility that has been discussed by different social actors (the triad) can provide clinical instructors with a holistic framework for approaching teaching and learning during clinical education.

Researchers indicate that the perception of clinical instructors to be trustworthy is necessary since it is considered as a combination of character, delivering patient care as well as credibility (Russ, Simonds and Hunt, 2002; Gray, Anderman and O'Connell, 2011). Furthermore, McCroskey and Dunham 1966 (as cited in Häggman-Laitila et al., 2007) identified the credibility model, which also highlights the importance of the teacher's trust for a student because those who focus on the importance of trust and honesty in their teacher and student relationship are considered credible and real in the educator's teaching. The novelty in the findings of the current research has demonstrated that students' stakeholders call for the real demonstration of trustworthiness that provide students with a caring learning environment based on mutual respect and open to dialogue.

> ***"When you have credible and trustworthy instructors you work harder, you are encouraged by the instructor. To me more qualified and experienced instructors are more trusted."***
>
> (Individual Interview: student 5)

The current study has offered a significant view in linking the trustworthiness findings with clinical currency. All respondents' views in both of these two categories have confirmed that with up-to-date skills and knowledge, it becomes easy for the clinical instructors to develop trust among the nursing students. However, this research has added that it is not only accessibility to latest knowledge but also exposure to appropriate technological, climatic and cultural changes that are simultaneously needed due to their connection with the development of trustworthiness.

6.6.1.2. Skilled communication as a dimension of clinical credibility:

From the results of the triad of perceptions, this study has demonstrated that skilled communication is not being considered (by all members of the triad) as one of the most influential factors in clinical teaching credibility. From this standpoint, a trustful environment that can be provided by a clinical instructor increases the possibility to attain credibility, from students' perspectives particularly. Consequently, the establishment of a trust relationship is a vital aspect of the clinical instructors' credibility.

> ***"Clinical credibility can usually be achieved by first building a trusting relationship a with student and should also have practical skills, have scientific knowledge and apply it in clinical area because, as we know, theory and practice have a reciprocal relationship"***
>
> (Individual interview: Clinical Instructor 4)

The students' relationship with clinical staff is associated with how the clinical staff are informed about current patient care and how they communicate up-to-date knowledge about what is happening in the clinical settings to the students (interview student 5). Clinical instructors on the other hand, did not acknowledge what constituted as effective communication. They refer to clinical communication as a reciprocal relationship between the theory and knowledge of the clinical area. For example, the effective clinical communication between clinical and student may assist transferring of theoretical knowledge from classroom to the clinical practice setting. Tang, Chou and Chiang (2005) claimed that a positive relationship with the student enhances students learning and provides a solid ground for the student's transition from classroom to clinic.

Therefore, only 23 participants (100% of students, 63.65% of clinical instructors and 60% of lecturers) responded positively towards this concept during interviews (see table 6.2). However, students were more positive in identifying the increasing need of skilled communicative teachers within this sector. Participants were particularly emphasising on the communication between the clinical instructors and the students rather than the relationship between clinical instructors and patients. All the students (selected for the interviews) have a positive perception that skilled communicative teachers must be recruited for patients and staff. Students valued good or skilled communication of clinical teachers as one of the major priorities in being a credible teacher. According to the study by Spencer (2003), the positive responses from the

students could be associated with the reality that skilled communication mainly deals with English language skills, student and teacher relations, empathy, and congruence. This may strengthen the clinical instructors' credibility, teaching involved staff and patients to resolve their clinical issues. Therefore, it lies at the heart of medical and health-related education (Spencer, 2003).

Table 6.2 Samples from triads' responses for skilled communication as a credibility dimension

Triad member	Sample response	Frequency (n=31)
Clinical instructors 4	"Clinical credibility can usually be achieved by first building a trusting relationship a with student"	23
Student 5	"they truly have a positive relationship with clinical staff and students"	
Student 2	"Interpersonal and good communication skills"	
Student focus group	"Credible clinical instructors are making a friendly teaching environment"	
Student 4	"Interact with students based on their uniqueness"	
Student 1	"Welcome questions, warm and supportive"	

Findings from the current study have added weight by identifying the triad of perceptions related with the stakeholders as past academic literature has only focused on the concepts such as educator–student interactions which are affected by instructors, influencing student outcomes. However, current research findings have identified that students also have important perceptions about the skilled communication. A positive learning environment for students can be created by good communication skills. This has been supported by Mathevula and Khoza (2013) who argued that good communication skills and listening ability were rated as the most important teacher's behaviour in clinical placement. Also, these finding are supported

by Okoronkwo et al. (2013) who argued that having listening capability, and being calm are required clinical instructor behaviours for clinical training. In contrast, clinical instructors' behaviours cannot be mistreated at this level since it is the main point of the concerned research in learning the clinical teaching credibility (Madhavanprabhakaran et al., 2013). As per the clinical teachers and lecturers (selected for the study), skilled communications do not majorly support clinical teaching credibility, while the students find it an attribute of high priority. The implications of these findings are vital in examining how the current clinical instructors need to give importance to the clinical communication in their practices.

The results found that only 60-70% of participants, under the categories of clinical instructors and lecturers, positively replied for this theme. For example, only one participant shared that in order to be clinically credible in the eyes of students particularly, clinical instructors need to build a good relationship with students. The fact that lecturers and clinical instructors give less weight to this dimension in this study might be due to personal characteristic factors such as age and educational background and cultural factors. In the context of Kurdish culture, instructors are in more power and authority and usually teachers should have a strong personality, displaying authoritarian and dominating attitudes with fewer immediacy.

Thus, effective clinical teaching credibility is perceived as insignificant by people in the clinical environment. According to Coe-Regan and Youn (2008) clinical teaching credibility is mainly associated with the skills of people in terms of communication by

considering it a core factor of success. However, its optimisation is the key challenge that may affect daily practices. For example, communication must be focused at pressure times including times when a high demand is present or when there are conflicts between patient and staff that are needed to be prevented. Also communication must be focused when planning is difficult to deal with a huge number of patients in a situation of low resources or an unfriendly clinical environment (Spencer, 2003).

Clinical discipline specifically requires clinical skills in caring and providing the best services. In this regard, socio-cultural contexts support the communication skills that must be present in teaching competencies, which together increases the likelihood of success factors for instructors and others such as patients, staff, and institute (Prideaux et al., 2000). Evidence from different studies suggests that skilled communication can be a reliable signal of effective clinical teaching credibility due to the sharing of knowledge with trainees and patients that contribute to the clinical teaching credibility (Madhavanprabhakaran et al., 2013). As a final point, template analysis of the transcripts show that participants broadly agreed on this theme but with considerably different level of importance. One of the main focuses of social constructivism is that people interact through communication, which help to extend each other's understanding knowledge creation.

However, the novelty added by the social constructivism approach-based investigation can be examined from the identification of the need of clinical teaching and the

standards for determining clinical instruction should not be poorly defined. Only a clear definition can assist in achieving what is needed.

6.6.1.3. Role modelling as a dimension of clinical credibility

Role modelling was another sub-theme (credibility dimension) that emerged from this study. Previous studies examining teaching skills have shown that in addition to professional knowledge, an effective teacher requires them holding positive behavioural features. Participants from a study by Hellsten and Prytula, (2011) identified teacher personality qualities as those who are motivated to teach and act as a good role model. Other researchers such as Mokhtari Nouri et al., (2014) and Penn, Wilson and Rosseter, (2008) have supported these factors as merits to be influenced by effective clinical instructors. These authors agree that it is crucial for the clinical instructor to be a positive role model in order to make clinical teaching effective. In addition, if a student is exposed to excellent role models, they might be inspired to study better, stimulate students' interests, explain concepts and procedures clearly and supervise students competently; with clinical instructors themselves enjoying teaching and being well prepared for teaching.

There is a significant difference between the perception of lecturers, clinical instructors and students on role modelling, so further research is warranted. This finding is justifiable as it proposes that in addition to knowledge and practical abilities, the character of an educator plays a significant role in the learning process. Furthermore,

Sabog, Caranto and David (2015) pointed out that students' behaviour and attitude can be strongly affected by the personality of a lecturer in the educational setting. Therefore, in order to improve the quality of clinical teaching by instructors they should pay more attention to their personal attributes and interactions with students.

As discussed earlier in this chapter, personal characteristics such as effective communication skill are considered as an attribute of clinical credibility, and the results further reinforce that a role model clinical instructor can communicate effectively both as a clinician and as a teacher. Clinical instructors are considered as the experts of their field within the specific clinical environment however, it is still necessary that a standard credibility criterion be set to assist positive and effective learning and implementation of the practice. According to the responses obtained from the participants (see table 6.3), it is evident that only 10 respondents were in favour of role modelling. This included students only; however, lecturers and clinical teachers were not in favour of the attribute. Social constructivism can clarify this further as it maintains that while it is possible for people (students in this study) to have shared meanings which are negotiated through discussion, it also acknowledges that no other social actors (lecturer and clinical instructors) will have exactly the same discussions with exactly the same people. To this extent the principle social constructivism allowed multiple realities to exist in this research study.

The results are supported by the findings of Dahlke et al. (2012) who determine that for effective learning, it is necessary that teachers turn out to be role models for their students in order to continue the mechanism of learning.

Table 6.3 Samples from triads' responses for role modelling as a credibility dimension		
Triad member	**Sample response**	**Frequency (n=31)**
Student 5	"When you see their personality motivate you to work harder"	10
Student focus group	Who care about student, encourage them and kind"	
Student focus group	"Credible clinical instructors need to be a role model, confident and respectful"	
Student 1	"watching a clinical instructor interact with the family with such gentleness and compassion was very inspiring"	
Student3	"act as a role model do what she says"	

One student commented that

> ***"When you have credible and trustful instructors you work harder, you are encouraged by the instructor.***
>
> (Individual Interview: student 5)

Likewise, another participant in a student focus group goes on to suggest that:

> ***"Me being a role model is a key characteristic of clinical instructor's credibility"***
>
> (Student focus group)

On the other hand, according to the present research, role models are those who are respectful, confident, have the level of critical thinking and promote it, and illustrate enhanced surveillance ability. Coe et al. (2014) indicate that such characteristics of a clinical instructor are crucial since these would be the attributes adopted in the classroom learning as well as in practice. In addition, these would assist in working as developing strategies for solving the difficulties that are encountered by students in terms of the student-teacher relationship. In addition, this would enhance the clinical experiences of teaching. Besides this, students have the tendency to consider their instructors as the role model within the clinical placements as well as clinical laboratories desiring to follow their path (Watling et al., 2012). Considering the responses of the educators in the context of being the role model, it is assumed that most of the medical educators identify the role of clinical instructors to be only a knowledge reservoir (Nottingham and Henning, 2014). In this context, the lecturers and clinical instructors feel they should only have the skill to keep a consistent flow of knowledge and information transfer. However, the students have a different perspective since they believe that having a role model is necessary.

On the other hand, Mileder, Schmidt and Dimai (2014) argue that teachers should recognise that they are responsible for multiple roles, of which role modelling is one. Mileder, Schmidt and Dimai (2014) also indicated that five aspects are necessary for a credible clinical instructor. These include motivation to teach, using good

communication skills while being critical, honest with students, surveillance ability, and willingness to listen. These attributes reflect the need for the clinical instructor to accept the role as a positive role model. These factors, however, are necessary to be considered while planning for recruitment of clinical instructors for better learning of future nursing students. Such findings draw our attention to the fact that students who are adult learners are conveying a massage in how to meet their learning needs in the clinical setting. The student perceptions presented in this study add valuable insight for the universities in future clinical instructors: as this miss match, could in fact create a barrier to effective learning in the clinic if not addressed.

6.6.2. Clinical Teaching Quality Dimensions

6.6.2.1. Teaching competence as a dimension of clinical credibility:

In the literature review in chapter two, the lack of an appropriate framework outlining clinical credibility has illustrated conflict throughout the nursing profession including the clinical instructor role. In light of this, teaching credibility is strongly linked to instructors' credibility; most participants' in the triad of perception in this study emphasize on this, which appears to significantly affect the clinical instructors' credibility in nursing education. It is evident in this study that teaching credibility and clinical credibility are similarly important.

> ***"Teaching or Instructional competence in teaching nursing is of great importance to maintain clinical credibility" (***Lecturers' Focus Group Interview***).***

In past academic literature, Webster (1990) has also confirmed these findings. The participants' responses in the current research have further highlighted that being mutually credible in an academic, as well as a clinical path is extremely necessary because absence of any of these two aspects cannot lead to evidenced-based results. In other words, when the teachers in the clinical settings are themselves struggling with their role, it can result in lack of job satisfaction and ultimately leads towards the lack of clinical credibility. Burnard (1990) recommended that it was the time for the teacher's role to be defined evidently. Present findings have offered recommendations for the definition of a teachers' role effectively. This contemporary investigation concerning "participants perception regarding clinical instructors' credibility (social constructivism approach)" shows the responses for teaching competence more positively. The research outcome revealed that there is a high clarity in terms of showing clinical teaching competence amongst the participants. This refers to the capabilities and behaviour of people, which is expected from all the instructors in terms of their social setting at a particular place (Rolfe, 2007). According to the participants of the study, teaching competence is comparatively significant for the clinical credibility while talking about the nursing clinical instructors. However, in this context, students

did not share their understanding about the fact that clinical instructors' teaching competence should be evidence-based.

In contrary, there is a lack of students' understanding on this issue,

> ***"A clinical instructor must remain fairly competent clinically and educationally, and this can be achieved by attending training courses on teaching methods".***
>
> (Lecturers Focus Group Interview)

The reason for these positive results under this theme is that teaching competence might be a tool that enables clinical instructors to design and outline an effective learning experiences for future nurse students.

In spite of teachers' effect on the individual level in particular class sessions and evaluation situations, competent teachers might also have significant impact on organisational level of modules design, study programs, creating assessments for study programs, and the related aspects including study reform processes, quality management in teaching and e-learning (Merkt, 2017). As per Albanese (2000), if the instructors or clinical teachers are capable enough, they may contribute to resolving the internal issues of the clinics, such as diversity in the staff. This shows that clinical instructors are credible enough and also that they must be focused to meet the success of healthcare sector and patients' needs.

As anticipated by McKenna (2002), clinical teaching competencies with efficient practices have a significant impact on the quality of clinical learning, which is needed for nursing students. These competencies have an effective, as well as crucial role, in helping the nursing students to apply best approaches and theories within the clinical environment that are learnt in the classroom. Thus, the value of sound teaching competencies cannot be questioned in brightening the nursing students' career through the personal and professional development and developing clinical credibility (De Guzman et al., 2007). However, in a social context, this works differently to enhance the teaching of health-related subjects, particularly for patients and clients. It is evident by the theoretical framework based on interactionist perspectives, as well as social constructivism approach in which people and the social environment are influenced by each other (Swedish Research Council, 2010). The theory of teacher competence (Swedish Research Council, 2010) shows that there is a need for improved abilities of a clinical teacher that not only shows teaching competency, but also assists in developing the credible role of responsible members over time in order to relate the expectancies with social and clinical demands (Swedish Research Council, 2010). Teaching competence and clinical credibility are two factors that directly strengthen each other (McKinley, Fraser and Baker, 2001). Therefore, 24 respondents (70% of students, 90.9% of clinical instructors and 70% of lecturers) are more likely to support this theme (as shown in table 6.4). The outcomes of this research have been further supported by the finding of Emvula (2016), who explained that teaching competence is the only tool of raising the standard of living by proving quality services and clinical

credibility. Additionally, Newble and Cannon (2001) have argued that teaching competence creates an environment within the healthcare sector, where there is a good teacher, listener, demonstrator, and a person who can apply theory to the best practices. In contrast, some nurse students, clinical instructors, and lecturers do not support the argument of the importance of teaching competence by indicating the unclear responsibilities of clinical teachers. Due to the confusing roles of individuals and teachers, it has been shown that clinical teaching competence is not as important as clinical teaching (Gaberson and Oermann, 2010).

Table 6.4 Samples from triads' responses for teaching competence as a credibility dimension

Triad member	Sample response	Frequency (n=31)
Lecturer focus group	"Instructional competence"	24
Lecturer focus group	"They must be clinically and educationally competent"	
Student 4	"demonstration and redemonstrations"	
Student 2	"Encourage active student's participation"	
Clinical instructor 3	"successfully completed teaching method course"	

Further, this study has identified that there might be some key concepts affecting the thinking of participants in this context. Particularly, when a clinical teacher thinks it is not their role to teach students, despite dealing with patients. In this case, it has been observed that participants' perception regarding clinical instructors' credibility is adverse based on the social constructivism approach. This approach is defined in the academic literature as the relation between human development and social knowledge that was constructed through personal and professional interactions of people. The

current study has helped in identifying how relationships can be created between human development and social knowledge in a practical and challenging environment by using instructional competence with the other intangible attributes of the clinical instructors. For example, a competent teacher can teach the students to learn together and to manage group activities. Encouraging students to learn together through job sharing, debate, dialogue might help them to construct reality in a social environment. A teacher who does not have the experience of learning together, will hardly be able to introduce students' cooperation and teamwork culture.

6.6.2.2. Clinical visibility as a dimension of clinical credibility

In respect to their roles, educators and clinical staff are inclined to state credibility or competences that are strictly connected to how they function. For example, when describing clinical credibility from the teachers' point of view, more emphasis was placed on concepts like awareness, communication, teaching, advice, support and partnership, rather than focusing on clinical abilities. From clinical staff's perception credibility was closely linked to competence with practical skills particularly hands on care. Students supervision has always been categorised as an important teacher responsibility. In a study exploring students' points of view on clinical practice, Casey and Clark (2011) considered student supervision as one of the significant teachers' clinical experience. However, students' points of view were as follow:

"To be a credible clinical instructor they should be a role model, approachable and visible in the clinical setting with students. Presence and visibility of clinical instructors with us will have significant effect on our learning and morale".

(Individual Interview: student 1)

Okoronkwo et al. (2013) point out that in order to prepare nurse students that are fit for practice someone must directly supervise them and demonstrate how to apply theory into practice through mentorship and supervision. The best and the most influential way of empowering students to realise desirable practices is effective clinical supervision. According to Brown et al. (2005) in a study from Scotland, through employing a simple approach of data collection and analysis, they investigated student perceptions of the 'lecturer preceptor' role. Findings from Brown's study reported that students want clinical instructors to visit more often. Similarly, this has been clearly stated in a study comparing Finnish and English students' standpoints of clinical practice. Findings from this study exposed that Finnish students appraised clinical practice more positively, partially because students spend much of their times with their clinical instructors (Saarikoski et al., 2013). Such clinical visibility, however, isoften dissatisfied by educators' views of their lack of clinical credibility (Fisher, 2005).

From the results of the current study, it has been identified from the responses of the participants that clinical visibility is potentially important for the clinical credibility of nursing clinical instructors. This theme reflects the idea that there is a framework for

quality improvement for clinical instructors, only being there and supervising students is not enough; they should actively get involved in patient care delivery with students. Directing and supervising students while they are doing any procedure for a patient is very important as this allows students to feel comfortable in their learning.

It has also been recognised that not all participants are in favour of visibility, that might be noticed as one of the key elements of clinical instructors' credibility. Out of 31 participants, only 20 have supported visibility as the major contributor. Furthermore, the ratio of 10:8:2 shows that students' perspective is more positive compared to the opinions of clinical instructors and lecturers respectively. The notion of clinical credibility of nursing clinical instructors among nursing students, clinical instructors, and lecturers, by using social constructive approach, indicates that nursing students believe in the instructors' visibility. This is because visibility is considered a valuable asset in making a teacher credible for his/her practices and contribution (McGee, 2009).

Students' perspective is evidently supported by the work of Duffy, Dresser and Fulton (2009) who state that active clinical involvement of teachers is possible if their visibility is present, and is required for effective communication, as well as convincing the people for coherent decisions. Once this kind of involvement is followed, a clinical teaching credibility is observed particularly in serving as a role model for nursing students. Students want to be the part of every meeting in a clinical environment where the

teachers are present or visible to give them instructions. Clinical instructors who participated in this research also believe that their visibility should not be compromised while providing the services of the instructor to staff dealing with patients. In opposition, lecturers participating in the research replied against the visibility for increasing teaching credibility. The change in their perception might be based on the degree of visibility. For example, the degree of visibility was viewed as important to reduce the potential to be viewed as stranger which in turn affects the student- teacher relationship. The leadership theory (Elliott and Wall, 2008) also states that although clinical practices require visibility but teaching or instructing others does not often need teachers' visibility in a clinical environment. Thus, the new knowledge gained in this research revealed that differences in participants' perception based on the social constructivism approach reflect that only talent is focused on instructors being clinically credible, while visibility is not as significant as people think.

6.6.2.3. Skills transferability as a dimension of clinical credibility:

This theme draws attention to the importance of the context and the organisational factors that support clinical instructors in their capacity to demonstrate their skills. Individual interview: clinical instructor 1 states,

> "***Clinical instructors should know clinical procedures and apply it for the students via demonstration and re-demonstration".***

On the other hand, clinical instructors have shared a different perspective since they realise the importance of skill transferability. According to them, instructors must be capable of transferring their skills to prepare and facilitate the teaching sessions. According to Barrett (2007), the primary goal of classroom educators, such as clinical instructors, as seen by students, is applying general concepts in specific circumstances by the teacher. There is an agreement that for transferable and effective teaching, nurse teachers must have knowledge of the subject area to enhance students' learning in the clinical area (Gillespie and McFetridge, 2006). As mentioned earlier, the importance of communication skills, expertise, and other needed abilities are mainly gained from other or previous jobs, internships, and voluntary work. Results indicated that 20 (90% of students, 72.73% of clinical instructors and 30% of lecturers) respondents support skills transferability in developing clinical teaching credibility. Students and clinical instructors, who have extensive knowledge of these skills, answered that there is a need of adopting abilities of transferable skills for personal and professional development. The fundamental motive of supporting this idea is also associated with the social constructivism approach that ensures the human interaction's requirement. On the contrary, human interaction will not succeed if skills transferability is not present since it enables a teacher to be adaptable as well as flexible in the case of changing the job or bringing change within the working environment. However, only 30% of lecturer participants positively responded to this theme. This might be due to the fact that the role of the nurse lecturer changes with the passage of time that depends too on the situations at hand and the clinical cases. After the nurse education transmission from

hospitals to higher education institutions the role of nurse educators generally and in Iraqi Kurdistan particularly has evolved over time and changed significantly. Prior to this transition the nurse educator assumed overall student's responsibility. However, to date their positions that are not directly responsible for patient care, decreased their opportunity of practice and contribution to patient outcomes.

The growing pressure is to attempt to recruit nursing instructors that are credible and are able to approach the problems practically. It can be said that the strengthening power of nurse instructors is only possible if the skills are present no matter if these are transferability associated or fixed. Much of the literature evidently confirms a growing concern amongst lecturers about the significance of being clinically credible with having the skills transferability (Chamberlin, 2000). Furthermore, a general concept is that all kinds of skills, as well as abilities, are easily transferred that can create an alternative to the clinical instructors to be penetrated into the medical environment. Conversely, it is dependent on the place where the skills are being transferred to. If this is not done appropriately, the possibility of losses increases. Therefore, it is suggested in this study that when applying theories to make possible decisions, it must be highlighted that what kinds of transferable skills are being considered. Clinical instructors should focus on both the tangible and intangible skills in order to identify the level of growth in nursing students. In this context, it is also vital to focus on the tangibility of clinical credibility in the form of observing personal growth that comes after applying the theories to practice.

6.6.3. Nursing Competences

6.6.3.1. Clinical currency as a dimension of clinical credibility

The triad of perceptions viewed clinical currency as one of the most significant attributes of clinical credibility. However, each stakeholder had their own understanding of the attribute. Additionally, each stakeholder group defined being up to date in clinical practice in a different way. This theme reflects the idea that there is a framework for quality improvement in nursing practice that needs to be experienced and can be best attained by being up to date in nursing care delivery. The professional nurse plays a vital role in the quality improvement of health care services. Clinical instructors' credibility plays a significant role in preparation of nurses' competency development and success.

When participant responses were reviewed, many examples from participants were found defining being up to date in different ways. An example is offered by a student participant who defined his growing understanding of the requirements of clinical instructor needed to achieve credibility as a result of her/his clinical teaching. Realties can be different for different students, for some being up today in theoretical knowledge is more important than practical knowledge however for others credible clinical instructors are those who are current in theoretical and practical skills. Social constructivist approach was helpful in making the alternative meanings visible, because the theory is all about looking beyond institutionalised perceptions.

However, instructors described being current in clinical practice as spending a specific amount of time in the clinical setting. Therefore, the duration of patient contact time appears to be the difference here.

> ***"Spending a specific time in a chosen clinical setting without students might update our knowledge and consequently maintain our clinical credibility".***
>
> Clinical instructors' focus group.

According to clinical instructors the time that they spend with patients does not indicate quality of care, so simply being around patients maintains clinical credibility. Clinical instructors' role at HMU is to supervise students in the clinical setting but they are not required to provide direct patient care as they are not paid by hospitals. Basically, clinical instructors are required to be with the students in the clinical area while they are working with hospital nurses to provide care for patients.

Therefore, being visible in the clinical area is crucial for the clinical instructors rather than the amount of interaction they have with patients and their care. In this context, all participants repeatedly emphasised on up to date clinical skills as an approach to improve clinical instructors' credibility. All participants (in different priority) from this study identified being up to date as keeping current in professional knowledge, as well as practical skills. Instructors particularly showed that regular participation in training courses will significantly improve their performance, quality of work and competence. This perception from clinical instructors was shared by students and lecturers.

Student participants stated that the level of academic qualification plays an important role in achieving clinical credibility, so a doctorate qualification meant a more credible instructor than a master level. In addition, responses from lecturers highlighted that participation in the clinical practice, research and scientific meetings is of great importance in staying up to date.

> ***"Clinical instructors are expected to integrate theory and practice to update their practical skills and later be able to maintain clinical credibility and competence"***
>
> Lecturer's focus group

Participants acknowledged that clinical credibility could be maintained through the integration of theory and practice. Understanding more up-to-date theories and practices is extremely necessary for analysing the perspective of how improvements can be made. Up-to-date information helps the clinical instructors in improving their skills (through training courses, peer reviewed journals and participation in the international conferences). The analysis has unveiled that clinically current instructors are crucial for quality nursing practices, as this will ensure that student nurses develop into competent practitioners who are fit for practice. Therefore, in the process of identifying competencies and skill development for instructors, clinical regulations and peers must also stress the needs for instructors to maintain clinical credibility.

Despite numerous research studies on the topic in nursing (Goorapah, 1997; Fisher, 2005; Smith, 2005; de Guzman et al., 2007; McSharry et al., 2010; Marshall, West and Aitkin, 2013), in education generally (Ramos and Mccullick, 2015) a standard criterion for the identification of the clinical instructor's credibility is lacking. Researchers viewed credibility of clinical instructors as one of the crucial components in the set of overall clinical competence in nursing (Goorapah, 1997; Fisher, 2005; Smith, 2005; de Guzman et al., 2007). Findings from the current study suggested that scholarly knowledge of a clinical instructor plays an important role in enabling them to maintain their clinical credibility. It can be concluded that participants did not acknowledge that clinical currency is something above the mere qualifications. It is about skills for the performance of professional responsibilities. There is no limit to the acquisition of skills.

Academic literature has confirmed that a competent clinical instructor is one equipped with the scientific and practical abilities (Nazari and Mohammadi, 2015). Therefore, clinical currency attributes should be directed towards the increased exposure to the technological, cultural and climatic conditions (Wall and Elliott, 2008). Clinical currency could be defined differently by stakeholders since it ranges from simple patient care provision to knowledge of expertise in terms of the practical world. The benefits associated with clinical currency are highly evident, which is indicated by the participants of the study, since out of total 31 participants, 30-mentioned clinical currency during the focus group and the interviews (100% of students, 100% of clinical instructors and 90% of lecturers). The results of the study are supported by the findings

of Fisher (2005) who explains that the clinical currency is extremely important for a clinical teacher. In addition, Fisher (2005) also highlights that within the clinical currency of instructors it is necessary that they have up to date knowledge and have current knowledge of the continuing education. Similar to the findings of Fisher (2005), a study by Wall and Elliott (2008) also indicates that clinical currency is important for the maintenance of clinical credibility.

The reason that the participants clearly emphasised clinical currency is that it makes the nursing clinical instructors look much more credible. It is evident by the recruitment criteria of nursing universities globally, who presently emphasise that the clinical instructors demonstrate recent association with the clinical environment. Such association is extremely important in the creation of the clinical instructors' roles, as connectivity and associations in the clinical environment can facilitate clinical instructors' roles (Häggman-Laitila et al., 2007). Clinical currency is only present in instructors who have a connection with the practical world according to Okoronkwo et al. (2013); only when they provide care to the patients within the clinical environment they are exposed to the present technological, clinical, and cultural practice, which makes them aware of the contemporary knowledge, and provide them with information on the continuing education. This assists in integrating the knowledge in students' curriculum. This is the reasons students, as well lecturers and clinical instructors, believe that clinical currency is highly significant for the credibility of clinical instructors (Brown, 2006).

Instructors involved in the education of these students are responsible for preparing their professional experience in clinical settings. Thus, it is necessary that clinical instructors are themselves aware of the rapid changes in the technology being used in the clinical settings. Besides this, according to Cave (2005), basically those instructors who are clinically current and aware of new medical technology receive more respect from their students since they believe they have more experience of the real world. Additionally, those who are clinically current have the benefit to identify issues that are present in the contemporary world in order to gather rich sources of information for research. This study provides students' point of view alongside the clinical instructors' and lecturers' point of view to see if this might have implications for how clinical credibility is understood in the nurse education process. Furthermore, the novelty of the study can be examined from the fact that the accessibility to more information sources can assist in the improvement of clinical instructors' credibility as well as the ways of maintaining it.

6.6.3.2. Knowledge as a dimension of clinical credibility

Knowledge in this research study was also defined with the specific categorisation of theoretical and practical knowledge. Analysis of the findings in the current study suggests that all stakeholders found clinical credibility of the clinical instructor to be considerably essential, with the majority of them considering that the way of maintaining it is still indistinct. According to the respondents of this research, knowledge is another factor that is considered important for a clinical teacher's credibility. This is evident by the responses obtained whereby out of 31 participants 22 (50% of students, 63.65% clinical instructors and 100% of lecturers) favoured that knowledge is necessary since it measures the credibility of the instructor under consideration. However, the responses obtained for this research also indicated that knowledge is divided into two constituents that are theory and practice.

According to the results obtained, a clinical instructor would only be credible if he or she is knowledgeable in relation to both theory and practice. The theoretical aspects included scholar activities, specialist knowledge, writing publication, and completing research. Simultaneously, the practical knowledge entails teaching knowledge, clinical knowledge, and pedagogical knowledge. However, the clinical instructor group was completely informed about these findings and students' group showed lack of findings about the in-depth details of what constitutes knowledge.

Additionally, the findings of the present study have clearly outlined that up-to-date knowledge, as well skills, define the credibility of a clinical teacher. The implementation

is based on ensuring that the clinical instructor is credible on both theoretical as well as professional knowledge because these skills are important for clinical teachers and would allow them to maintain their credibility. Studies indicate that clinical knowledge is a crucial part of a clinical instructor since they have a vital role to play in the learning process (Clarke and Jarvis-Selinger, 2005). Following the social constructivism approach, it is necessary that an individual has the knowledge to engage in the process of communication and increasing knowledge through social interaction (Brandon and All, 2010). On the other hand, studies indicate that it is necessary to have credible clinical instructors for the nursing profession (De Guzman et al., 2007; Arabshahi et al., 2015). Nottingham and Henning, (2014) highlighted that many medical students do not consider the feedback seriously if they believe a clinical teacher gives it who is not knowledgeable both in terms of theory as well as in terms of academic. Students in the study conducted by Kelly (2007) rated knowledge as one of the significant factors that decide their clinical instructor's credibility since feedback, writing publication, scholar activities, and communication skills are dependent on them. Teacher's knowledge, on the other hand, is significant in terms of the students, theoretical knowledge, the clinical settings, and teaching/learning theory (Watling et al., 2012). Besides this, Tang, Chou and Chiang (2005) indicate that specialist knowledge and practice of a clinical instructor are considered as the adequate qualification describing the credibility of the instructor. In addition, these instructors are also considered as the one who would engage student learning.

According to Crotty (1993), being clinically credible means being up to date in theoretical knowledge and elementary clinical skills rather than being capable to perform as a skilled clinician. On the other hand, Saxe et al. (2004) suggested that beside some level of practical based knowledge, clinical credibility is required even for classroom teaching. In light of the importance placed on knowledge within the literature review chapter, the knowledge was highlighted as a key theme prior to conducting second phase interviews and focus groups. These research findings have added that different stakeholders have different understanding about the knowledge and the differences in perceptions, ultimately affected the prioritisation of knowledge when considering clinical credibility. These findings could help in integrating both the practical, as well as classroom setting based knowledge as a crucial part of the nursing curriculum to enhance the level of clinical credibility.

6.6.3.3. Hands on care as a dimension of clinical credibility:

According to Olson (1998), when examining students' perception regarding credibility in comparison with teachers' perception only a slight emphasis was positioned on the theoretical constituent with far more importance on the practical nursing element. This study confirms that the practical element of hands on care is of great importance for maintaining and demonstrating clinical credibility by clinical instructors. With reference to teaching performance, clinical instructors can affect students in changing their behaviours towards learning. Clinical instructors are perceived as motivators by

students and lecturers, who encourage their students to perform more than what was expected from them. Students' participants in the current research have acknowledged that demonstration of competence is crucial for the maintenance and improvement of clinical credibility, it is necessary that instructors regularly participate in the activities related with 'hands-on care', for example, all the triad suggested that the clinical instructors should work with the student in practice and act as a role model. It is critical to examine that current research has added a crucial dimension related to the categorisation of clinical care and direct hands on care.

Lecturer participants added that it is very important for the clinical instructors to increase their credibility in front of students to spend at least 16 to 20 hours to work with students in the real clinical situations. Linking this back to SCT, this message was perceived differently among the members of the triad in this study. As a result, this confirms the principle of social constructivism, that the construction of reality can be different for different social actors as each stakeholder is unique. This amount of time should spend supervising students, being there to answer questions, create learning opportunities for students in clinical settings, evaluate professional development of nurse students and demonstrate some level of skills. One lecturer stated that out of these hours, a clinical instructor should allocate hours on direct patient care and for the student teaching proportionately. However, being in the clinical setting with students but not involved in patient care delivery might affect instructor's credibility in the eyes of her/his students (see table 6.5).

Table 6.5 Samples from triads' responses for hands on care as a credibility dimension		
Triad member	**Sample response**	**Frequency (n=31)**
student focus group	"Being able to be hands on"	25
Student 4	"Always be with student step by step in every procedure"	
Lecturer 2	"'Hands on' care makes us more comfortable and trusted by the student"	
Lecturer 2	"clinical instructors should spend at least 16 to 20 hours/week to work independently and providing direct care"	
Clinical instructor focus group	"update our practical knowledge by taking part in 'hands on' care" activities"	
Student 1	"clinical instructor should work with us"	

It shows that working closely with students can result in developing positive participants' perceptions about the hand on care.

> ***"It's very important to spend some times in the clinical area talking generally working as a clinical instructor spending all the time with students, hands-on care this makes us more comfortable and trusted by students, in my point of view a clinical instructor should spend at least 16 to 20 hours to work in-dependably and to provide direct care for the patient along with student teaching can maintain their credibility, less than this number is not enough to stay credible"***
>
> (Lecturer 2)

The related literature includes a variety of views that are considered, some advocate the educationalist orientation, some clinical orientation, whereas others advocate both

(Elliott and Wall, 2008). Webster et al., (2010) claim that clinical credibility of clinical instructors is a pivotal issue that is related to the development of students as competent practitioners. The present research highlighted that hands-on care is considered one of the significant factors since out of 31, 25 participants (100% of students, 90.9% of clinical instructors and 50% of lecturers) focused on this aspect. Besides this, the participants also highlighted that for clinical instructors' hands on care, it is necessary they get involved in practice, become responsible, motivate students, and be engaged in activities. There was lack of understanding among the triad of perceptions related with the quality of care since they mainly focus on time spent demonstrating hands on care. They did not share the viewpoint that spending a lot of time without evidence-based practices often lead to inappropriate care. Supporting the findings of the study, Msiska, Munkhondya and Chilemba (2014) strongly projected the need of clinical instructors to adopt the method of hands on care for teaching students in order to place and engage students in the practical world. On the other hand, Msiska, Munkhondya and Chilemba (2014)'s study also stressed that clinical instructors should analyse their role holistically by emphasising both personal, as well as academic, aspects of students' life. In addition, the study also advocates for a trustworthy connected relationship between students and clinical instructor. Contrary to the findings of this research study, Grant et al. (2007) argues that some teachers do not engage in hands on care while teaching their curriculum since students have the tendency to believe the teacher through their practices, while working alongside them in the practical setting. As an alternative, these teachers adopt the enabler or managerial role focusing on educational

issues and providing them with the reflection and discussion of the experiences. This is also evident by the findings of this research because half of the lecturers (5 of them) did not include any response related to hands on care. On the other hand, findings from the current study indicates that up-to-date knowledge of clinical instructors is necessary for the credibility of the teacher, whereas this credibility is a combination of personality, punctuality, role modelling, as well as hands on care. The responses are mainly in favour of hands on care because clinical practices assist students in creating an association between the practices and theories studied in classrooms.

> "***Clinical instructor's credibility is very much associated with hands on care rather than just assessing students in the clinical practice setting. So that the clinical instructor should work with us and act as a role model by doing and demonstrating nursing skills"***
>
> (Individual Interview: student 1)

According to Croxon and Maginnis (2009), students articulated the importance of clinical placements in providing an opportunity for 'hands-on' experience, which is also evident in this study as all the participant students favoured hands on care as it offers them the opportunity of implementing their academic knowledge in clinical practices. However, a significant point identified in this research is the role modelling of 'hands-on care' performed by the clinical instructors in order to motivate the other stakeholders, like students.

6.6.3.4. Expertise as a dimension of clinical credibility

This study revealed the importance of communication skills in front of students in the triad of perceptions. However, the significance of other skills has also been asked of the participants in order to know their personal opinions in the relevant context. The results show that the ratio of supporting percentage is similar for both the skilled communication and expertise. Contrarily, the ratio of responses from students, clinical instructors, and lecturers differ among those who have been interviewed. In the interviews, 60%, 72.73%, and 90% students, clinical instructors, and lecturers respectively supported the expertise that has been categorised into two sub-divisions called academic and clinical.

> ***"Clinical instructor may not know everything in all clinical settings, but at least what he/she explains for us can be trusted in specific clinical area"***
>
> (Individual interview: student 2)
>
> ***"In addition to clinical instructor's level of education, a practical knowledge is also required. A credible clinical instructor knows the theoretical knowledge and how to apply that in real life situations"***
>
> (Lecturer focus group)

According to the participants, both clinical and academic expertise are also essential for clinical teaching credibility. Academic expertise assists in identifying answers through

effective decision-making, based on the qualification and speciality education. On the contrary, clinical expertise is helpful in anticipating problems, applying novel information, and knowing best policies using excellent procedural skills. Once these two types of expertise are combined, the clinical environment is changed in a positive manner and every associated member enjoys this clinical teaching credibility (Wainwright et al., 2011). As per Wainwright et al. (2011), clinical teaching credibility is achieved by expert clinicians who have the academic and clinical expertise to educate others. However, these experts have limited priority to train others formally, limitation issues cause several other problems, including insignificance of adopted or introduced professional programs. Furthermore, many students denied supporting the importance of expertise due to their negative experiences that ensured expert instructors could do well. This made them able to show their personal opinion about adverse clinical teaching credibility.

Achieving clinical credibility in all teaching areas is unfeasible goal. The findings gathered from the triad of perceptions have suggested that clinical instructors should at least be informative about the theoretical and practical knowledge of the specific clinical area in which he or she is performing. Maslin-Prothero and Owen (2001) argued that giving wide teaching responsibilities to the clinical teacher, mainly in pre-registration nursing education is unmanageable. From the perspective of Maslin-Prothero and Owen (2001), it is not anticipated that practising nurses should have knowledge or credibility in all specialities within clinical areas, and it appears

impractical to presume nurse educators to reach this goal. According to most participants of the study, clinical instructor credibility is produced by happenstance or experiences rather than qualification and excellent skills. e.g., the clinical instructors' focus group states that:

> ***"A young clinical instructor may not be experienced than the one with more than the one with 15 years clinical teaching. But if they don't know anything they will seek to find out the information, which restore their credibility or maintain their credibility".***

As explored by Schonwetter et al. (2006), the realities that qualifications and excellent skills can only be helpful in increasing the number of awards and appreciation of rewards. Broadly, this theme and sub-theme can be beneficial as a provision of clinical teaching credibility that a student wants in the instructors. Conversely, not in all situations, it would be significant particularly if students expect the strong relations with teachers in the clinical environment that depend on communication and other skills as well (Schonwetter et al., 2006). Thus, the novelty added from the discussion in this point is related with the differences in triad of perceptions. Students believed that in seeking with the excellent clinical teaching credibility to build the effective environment, more is required while other participants do not completely support this argument.

6.7. Chapter Summary:

Primarily, this chapter has offered insights about the triad of perceptions on how different stakeholders have viewed how clinical instructor attain and maintain clinical credibility. This study was novel in its context since it added new dimensions regarding the similarities and differences related with the dimensions of clinical credibility and stakeholders were different in setting their priorities. Although, this study was successful in exploring the body of knowledge associated with the triad of perceptions, the level of information may not be enough for exposing the concept of clinical credibility. This research study has identified a number of theoretical dimensions that serves as framework which nurse clinical instructors can use to attain clinical credibility. The literature review demonstrated that stakeholder's value and priority for these attributes are vary. This research study provided similar findings. Ten essential dimensions to maintain clinical credibility emerged and it is these that contribute to the body of knowledge informing clinical instructors' credibility. There was general agreement about nine main dimensions among the triad, however participants disagreed about one dimension: "role modelling". Until recently the literature has contributed little to inform the precise nature of a credible clinical instructor.

Overall, this study of the nursing education in Iraqi Kurdistan contributes to a deeper level of understanding of clinical instructors' credibility. It unveiled how cultural factors have influenced the perceptions of lecturers, clinical instructors and students in

shaping the attributes of clinical credibility. For example, clinical currency was given high priority by clinical instructors and lecturers but they did not give respective importance to the communication skills. In contrary, communication skill was included in the top list of the students. Likewise, lecturers and instructors valued clinical expertise as an important component but the majority of students have shared negative views about the expertise because of their experiences. Similar differences in views were observed in terms of hands-on care where students perceive it differently and not merely the direct patient care. Additionally, more in-depth knowledge about the composites of knowledge and trustworthiness (including similarities and differences in the triad of perceptions) have further added novel findings in context of the Kurdish culture and clinical environments' effects on these perceptions. The study has confirmed that the importance of being `clinically credible' is a growing concern amongst practitioners, students and nurse educationalists themselves. Difference of opinions showed greater implications that different stakeholders are increasing their understanding of the clinical competence attributes and how these attributes can be developed. This study therefore contributes to the body of knowledge by providing multiple perspectives recognising the theoretical attributes of the clinical credibility. That is to say, the current work might pave the way for future research aiming to discover how clinical instructors in Iraqi Kurdistan can struggle to attain clinical credibility, that have a positive impact on practice development for different clinical stakeholders. Furthermore, the triad of perceptions on the key clinical instructors' credibility attributes such as clinical currency, trustworthiness, hands on care, teaching

competence, skilled communication, expertise, knowledge, skills transferability, clinical visibility and role modelling in a Kurdish context has not been explored previously. In the next chapter, attention will be drawn to implications for nurse education, strengths and limitations of this research, recommendations for future research and a five-year post doctorate plan.

Chapter Seven: Conclusions, Recommendations and Implications

7.1 Introduction

Having argued in the previous chapter that the reasons why and how this research study has been undertaken this chapter now presents the significance of the study to the overall body of knowledge. It is crucial to identify issues that related to achievement of clinical credibility by clinical instructors at HMU. In this final chapter overall conceptual contribution of this research study has been considered to broaden debate in clinical instructors' credibility. The current analysis of theoretical attributes in the clinical credibility context can be utilised to extend theoretical debate concerning the nature of a credible clinical instructor. Furthermore, this chapter acknowledges the educational implications of the research, in particular the nurse educators, universities, and for the wider higher education sector generally and Iraqi Kurdistan particularly.

This chapter finishes by identifying the limitations of the study, directions for future research, researchers' five years plan and final reflections.

7.2 Recap of the study

Throughout the course of this study the main objective that outlined in chapter one is to explore the concept of clinical instructors' credibility from the "Triad of Perceptions" of nurse lecturers, clinical instructors and students at HMU. Additionally, the study aimed to identify if similarities and differenced of perception exist among the triad.

In order to achieve the aim of this study, a number of research questions were also developed in chapter one (see section 1.7, page, 34). Indeed, it was felt that by keeping the research questions central within the analysis, the aims of the study would be achieved to explore tried of perception and this was influenced by social constructivist approach. In light of this, the following chapter will address the research questions and draw reference to their contribution towards the research aims. To a large extent, the central role that the research questions have played in this study can be seen through the selection of key themes and sub-themes within the findings chapter (see Figure, 5.2,

page, 251). As noted in the methodology chapter, the research questions were hugely influential in directing the selection and organisation of themes within the templates. As such, there is a significant connection between the key themes and the research questions that will be displayed throughout this chapter.

7.3 Research Conclusions

Findings from this research study relate to and inform different fields beyond the nursing education. The findings build the theoretical basis for SCT (Hovland, Janis and Kelly, 1953) and expand on relative literature revealing personal qualities, clinical teaching qualities and nursing competence that may increase teacher credibility and, thus, effectiveness in the teaching of nurse students. This research study presents a unifying framework of credibility assessment for nurse clinical instructors. The construct level pertains to how the triad define, conceptualizes and constructs credibility. Therefore, it is obvious that credibility can be conceptualized in a different way by different people. This is not, however, to suggest that individuals have only one definition of credibility. In fact, the participants in this study often held multiple concepts of credibility. They applied certain constructs of credibility depending on the situation or type of information encountered. A '' triad of perception'' that has been followed in this research study as a methodological framework was an innovative

approach for addressing the clinical credibility attributes. Exploring a triad of perceptions has facilitated a greater in-depth understanding of the clinical credibility issue using multiple realities. The findings from this research study reveals that there is strong agreement between the nurse education participants such as students, theoretical teachers and clinical teachers regarding clinical credibility attributes.

Through an extensive review of the current literature there had been limited research related to nurse clinical instructors published to date. Most existing research on clinical instructors' credibility issues were done in the Western countries. No studies have been published in Iraqi Kurdistan generally and adopting a triad of perceptions particularly. Therefore, this work is innovative in adopting a triad of perception approach as the lens through which to carry out research into clinical credibility. In addition, findings have implications for vocational nurse clinical instructors and program leaders in the preparation of pre-service clinical instructors.

This research is broadly situated within the social constructionist paradigm and multi-method study methodology, as well as research tools such as questionnaires, individual interviews and focus groups has been used. An inductive approach has been adopted both to develop propositions which were then reviewed against study findings, and to identify significant new issues for which sought theoretical explanations, and which reviewed in the context of findings. This study has proposed that exploring the triad of perception between students, clinical instructors and lecturers can offer an inclusive

understanding of credibility. The stakeholders could have different perspectives on the concept, and there could be coalitions between the participants. The analysis from this study has confirmed that triads' perceptions about clinical credibility are strongly agreed upon when looking at the emerged themes. Students' perceptions were an important issue, as they add one more theme to the clinical credibility, which was role modelling. Analysing each stakeholder group's perception demonstrated how different groups of people interpret clinical instructor credibility in obviously similar ways.

Overall, these findings imply that each member of the triad had his or her own "credibility scale," which was based on their individual knowledge and set of values and beliefs. As a result, credibility can be seen as a range, where "less credible" is on one end while "more credible" is on the other, and the credibility of the instructor changes constantly towards one of the two ends.

7.4 Contribution to Knowledge:

7.4.1. Implications for Theory

This research study contributes to the body of knowledge through enhancing the current understanding that the clinical instructor has a vital role in the nurse education. In support of previous work (Gillespie and McFetridge, 2006; Okoronkwo et al., 2013; Sabog, Caranto and David, 2015), this research confirms that there is an agreement between the nurse education participants such as students, theoretical teachers and clinical teachers. Methodologically, as is demonstrated in chapter two, a significant amount of research into the nature and role of clinical instructors has been undertaken through examining a single perspective (either student or teacher perspective) for example Goorapah (1997), Fisher (2005), Gray, Anderman and O'Connell (2011). However, this research study contributes to the literature by exploring the concept of credibility from a multiple-lens-perspective (the triad perception). In diverging from this approach by introducing a triad of perception, this study has introduced a social construction perspective. This study is broadly situated within the social

constructionist paradigm. Therefore, it has facilitated a greater in-depth understanding of the clinical credibility issue using multiple realities.

The findings from this study indicate that the social characters of the nurse education program; student, lecturer and clinical instructors have strong agreement on the majority of the clinical credibility attributes. They have confirmed that emerged themes such as clinical currency, trustworthiness, hands-on care, teaching competence, skilled communication, expertise, knowledge, skills transferability, clinical visibility and role modelling strongly influence credibility. In spite of their agreement about the emerging themes, social actors (the triad in this research study) have had different priority levels. Goorapah (1997) claimed that there is no universally accepted model for the credible clinical instructor to follow. In this research the clinical instructors were found to be following their personalised practice-based role according to their institutional needs, whereas the student and the lecturers followed the professional and cultural needs. As a result, the present study may advance information about current clinical nursing education for the nurse clinical instructors and provide some pragmatic inspirations to them to achieve clinical credibility in the ever-changing world of nurse education.

Overall, the results of this study offer at least two implications for clinical instructors seeking to enhance their credibility. Initially, clinical instructors should carefully consider how they respond to student's needs. The results of this study also recommend that clinical instructors need to consider students perspectives, this is not

only an opportunity to improve students learning, but also to increase their own credibility as an instructor.

7.4.2. Implications for Practice

In addition to its implication for theory, this study could have very practical implications. Previous research from Goorapah (1997) and Fisher (2005) showed the evaluation of clinical credibility from a single perspective such as student or lecturer whereas Okoronkwo et al. (2013) study from multiple perspectives. This thesis extends this further by exploring triad of perception, this study appears to be the first study to explore this concept from a social constructivist approach. Moreover, the present study discovered that a more comprehensive understanding could be achieved from exploring three different stakeholders' perceptions concerning credibility that is an important issue in improving nursing education to facilitate learning. Consequently, this study of the nursing education in Iraqi Kurdistan contributes to a deeper level for change in the current clinical teaching practice of nurses by providing a clearer clinical instructor role description, so they can facilitate students' learning in clinical practice.

Clinical credibility is essential to be maintained by nurse teachers for developing an effective clinical practice within the health care sector. However, it is only possible if all the premises or the fundamental themes are focused, such as clinical currency, trustworthiness, hands on care, teaching competence, skilled communication, expertise, knowledge, skills transferability, clinical visibility and role modelling. These themes assist in bringing changes in the decision-making process and dealing with the clinical uncertainties by using the information shared by a credible teacher. Overall, a strong future of a nurse teacher is based on these fundamental concepts and if a government wants to improve quality care in health care sector, then it also requires the efficient recruitment.

Understanding the findings from this study can help nursing program leaders to educate clinical faculty staff regarding clinically credibility. This can be done in several ways. Firstly, by educating clinical instructors on a variety of teaching strategies for the practice area. Second, there can be a personalised time for the clinical instructor to spend in the clinical setting without student supervision. A third option might be to develop training courses and workshops on what characteristics comprise a credible clinical instructor. This could be done each semester prior to the start of each rotation. This would provide support to new and part-time faculty staff and help them develop a teaching skill set for the practice setting.

7.4.3. Implications for Future Research

This research, in its exploratory and interpretive nature, identify important areas for future research, regarding theory development and concept approval. In fact, there is necessity for further research in order to enhance and further expand current novel findings. Further research would be beneficial to examine other groups perceptions such as staff from different cultural background in different geographical locations for worldwide perspectives. Future studies can be extended in search of statistical, rather than analytical, for wider generalisability, as in this study.

In addition, this research study offers the opportunity to enhance and validate the concepts and dimensions that emerged from the inductive analysis. For instance, the theme clinical visibility will need further modification and explanation, in terms of both its component elements and ways of maintaining it. One could also ask how much time is required for a clinical instructor to be visible in the clinical practice, so that clinical credibility can be achieved. Lastly, using a broader sample and quantitative research method could be replicated for the reason of generalisability. An argument from the literature exist that suggest there is a practice-theory gap when it comes to the education and training of future healthcare providers. clinical credibility is a question that arose within this argument. Should educators be clinically credible? Clinical credibility has been presented within the literature as a multifaceted phenomenon having no clear definition. Therefore, to answer the question of clinical credibility and its effect on healthcare education, a clear definition needs to be established as currently

the argument of clinical credibility is mostly predicated on opinion. By answering the question “what is clinical credibility?” then researchers can move to the question of “does it matter?”

7.5 Recommendations

The researcher acknowledges that the results from this study apply to the local context and might be a strong ground for the international context. Since there is a belief within constructivism that every context and every experience is unique, there is also recognition that tentative findings in one context may have some applicability in another. Individual clinical instructors require to contemplate their unique level of knowledge and skills and discuss the development of evidenced based practice within their role for the sake of attaining credibility.

Higher Education administrators and supervisors should recognise nurse education requirements and support each and every single staff in achieving their outcomes. For example, national agreement and guidelines regarding clinical instructors’ credibility is essential to improve the educational experience of the nursing student. Indeed, there are no guidelines for assisting clinical instructors on how to be clinically credible and how to maintain it. Therefore, they face challenges and may not effectively teach, direct, supervise and evaluate nurse students during clinical practice, as a result possibly

reducing their competence as educators. There is a potential importance of teacher preparation as a point of intervention in education, managers and supervisors in Higher Education and National bodies involved in the regulation of nurse education need to identify this requirement in nurse education and guide individuals to achieve their goals. In particular, they can provide guidance for clinical instructors on how to maintain clinical credibility in association with the other stakeholders in a way that support the nursing students and clinical staff in clinical setting. Furthermore, ministry of Higher education can establish and implement instructional competencies for clinical teachers and promote collaboration among nursing schools. They can also ensure practical professional development opportunities for clinical instructors throughout the region.

However, interventions in nursing education (such as developing competency-testing tool and amendment in entire nurse educator program) need to be carefully assessed and strategically planned and coordinated. Continuous improvement and ongoing professional development are expected for all nurses. It is important to follow the national bodies' guidelines to attain high standards in nursing practice. The amount of time that the nurse teachers are required to spend in clinical setting should be described in these guidelines and this should be recorded in contracts of employment. This subsequently enhance the quality of healthcare services.

In addition, strategies are recommended for the clinical instructors with suggestions for possible structures to achieve clinical credibility that should be established within

universities to reform in nursing education. Consequently, it will improve the quality of nursing students in the patient care process. Awareness about these strategies is helpful for the students too. Consequently, the transition from student stage to become a nurse can occur very quickly. Clinical instructors have a vital role in the students' clinical learning. There should be regular faculty enhancement programs such as educational preparation, induction programmes, ongoing support and development for clinical instructors, at HMU in order to maximise their teaching skills and enhance the quality of their teaching experiences.

There are different types of assistance that help clinical instructors successfully transfer learning from a classroom setting to a professional development setting. It can include administrative, instructional, resources, peer support, supervisory support and instructional support from a "more knowledgeable other." Universities generally and HMU particularly, should identify and have professional systems prepared to enable the special need for clinical instructors to maintain clinical credibility. Since the balance of the stakeholders' perception is dynamic, future research should explore how this balance of their perception changes over time. Findings from this study underline the importance of exploring the perceptions of stakeholders of the triad to understand the concept of clinical credibility. If these are taken into account it will consequently to reduce the critical issue and challenges faced by clinical instructors to maintain credibility and also, make practical teaching simpler, thus the quality of the nursing practice will improve. This will in turn raise the quality of patient care and provide safe practice.

7.6 Limitations of this research study

All research studies have limitations, and this study was no different. Firstly, because of budgetary and time constraints, the research is limited to only one university however having one university did enable to the researcher to provide a depth of discussion. Thus, having one university in Kurdistan does allow for some generalisations if other HEIs have clinical instructors in their institutions but not generalisable to all groups of Kurdish students, clinical instructors and lecturers in all settings. However, it is not possible to make a wider set of generalisations or transferability to other countries. This is still an important new piece of research for other Kurdish Universities.

It is possible that some participants may have gave spontaneous responses that did not echo their true perceptions to complete the interview quickly. Moreover, due to differences in cultural background, stakeholders from different countries may have quite different interpretations of the emerged themes in the study. Thus, the findings and recommendations from this study, which are tailored for the case of Iraqi Kurdistan, may not be applicable for other countries. Regarding methodological limitations, although there were numerous advantages using multi-methods, a number of limitations existed as well. Johnson and Onwuegbuzie (2004) claimed that it is problematic for a single researcher, as in this context, to undertake both the

quantitative and qualitative research, in regard to data collection, analysis and data interpretation.

Johnson and Onwuegbuzie (2004) go on further to suggest that the researcher needs to be knowledgeable in various research methods and be able to recognise the suitable way to combine them. Moreover, the researcher needs to follow the right procedure for each technique attentively, and by doing so extra demands will be placed on them. For example, in the current study in order to use multi-method approach the researcher put extra effort to become capable in the application of the alternative methods as a result this took a long time. The researcher attended training workshops that were offered by DMU to acquire all the skills necessary to be proficient in methods of data collection. In addition, Johnson and Onwuegbuzie (2004) stated that mixing different research methods is time-consuming and expensive. For example, in the current study, all data collection lasted nearly fifteen months.

The sampling technique in this phase does have certain limitations. One major limitation is language; most of the schools of nursing websites in Europe, Asia and Africa are not in English so the researcher might not be able to understand them. Thus, the researcher could not find contact details for all programme leaders in the world. Another limitation is time. Finding the personal emails of staff and faculty members in school of nursing globally is time consuming. Finally, energy and resources might be considered as an additional limitation in the QUAN data collection.

A lot of time was taken to determine whether participants were available. Furthermore, the ethical approval process was time consuming, since approval was sought from a number of organisations: the researcher's university (HMU), the university that data collection took place and the ethics committees from both DMU and HMU. In QUAL phase the researcher herself has conducted all individual and focus group interviews. The time and resource constraint, particularly for the second phase of this study, also played a significant role. If another university had been chosen, the process for ethical approval and data collection would have been much more lengthy, especially since the researcher has no access to other regional universities. The respondents and the participants should ensure that there is plenty of time to respond to the study questions as well as the in-depth interview which should take place in a comfortable environment in which the participants feel relaxed and can discuss the topic freely.

7.7 Chapter Summary

The results of this study confirm those of other similar studies in the developed countries that effective clinical teaching needs knowledgeable and credible instructors who can transfer that knowledge to students. The triangular perspective shared that the stance of different clinical stakeholders is different in setting their priorities. Although, this study was successful in exploring the body of knowledge associated with triad of perceptions. Themes that were identified by stakeholder groups as most significant for clinical credibility in the clinical area should be considered when recruiting clinical instructors in the clinical setting to promote active learning.

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Appendices:

Appendix A: Inclusion and exclusion criteria for studies included in literature review

Studies were included if their content met the following relevance inclusion criteria:

The inclusion criteria for the studies were the following (According to the NHS centre for Review and Dissemination, 2001), studies selected for review should be selected in unbiased

way and the selection process should be documented detailing reason for inclusion and exclusion).

- Studies specifically exploring individuals' perspectives of clinical instructors' credibility will be prioritized as relevant to the current study.
- Studies will be included from the last twenty five years.
- Studies should have credible results and have a justifiable methodology.
- Studies published in Arabic, English and Kurdish languages.

The keywords were chosen according to modes and methods which Kurdish educators and students are familiar with and which they use in the Hawler Medical University educational curriculum, in addition to some modes that are widely used in international field, but are easily understood by students and educators in Kurdistan. The quality filtering followed, as many of the studies do not bring any new ideas or reach any important conclusions. Others have methodological mistakes or are too poorly written to be eligible. For this reason, a special effort was made to eliminate articles of low methodological quality. These criteria were strict. Thus, articles were excluded if they met one or more of the following quality exclusion criteria:

- The exclusion criteria for the studies were as follows:
- If the study did not deal with a topic related to this review
- Any article not published in English, Kurdish and Arabic.
- Any study exploring individual or personal opinions that has no credible results.
- Papers which did not have sufficient methodological quality to minimize biases.

- If irrelevant conclusions were extracted according to the aims of this review.
- If the paper was poorly written with no clear methodology and/or misconceptions in results.

Appendix B: Critical appraisal skills program (CASP)

Critical Appraisal Skills Programme (CASP)

making sense of evidence

10 questions to help you make sense of qualitative research

This assessment tool has been developed for those unfamiliar with qualitative research and its theoretical perspectives. This tool presents a number of questions that deal very broadly with some of the principles or assumptions that characterise qualitative research. It is *not a definitive guide* and extensive further reading is recommended.

How to use this appraisal tool

Three broad issues need to be considered when appraising the report of qualitative research:

- **Rigour: has a thorough and appropriate approach been applied to**
- **key research methods in the study?**
- **Credibility: are the findings well presented and meaningful?**
- **Relevance: how useful are the findings to you and your organisation?**

The 10 questions on the following pages are designed to help you think about these issues systematically.

The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions.

A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

The 10 questions have been developed by the national CASP collaboration for qualitative methodologies.

Screening Questions

1. Was there a clear statement of the aims of the research? ❑ Yes ❑ No

Consider:

– what the goal of the research was

– why it is important

– its relevance

2. Is a qualitative methodology appropriate? ❑ Yes ❑ No

Consider:

– if the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants

Is it worth continuing?

Detailed questions

Appropriate research design

3. Was the research design appropriate to address the aims of the research? Write comments here

Consider:

– if the researcher has justified the research design (e.g. have they discussed how they decided which methods to use?)

Sampling

4. Was the recruitment strategy appropriate to the aims of the research? Write comments here

Consider:

– if the researcher has explained how the participants were selected

– if they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study

– if there are any discussions around recruitment (e.g. why some people chose not to take part)

Data Analysis

8. Was the data analysis sufficiently rigorous? Write comments here

Consider:

– if there is an in-depth description of the analysis process

– if thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?

– whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process

– if sufficient data are presented to support the findings

– to what extent contradictory data are taken into account

– whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Findings

9. Is there a clear statement of findings? Write comments here

Consider:

– if the findings are explicit

– if there is adequate discussion of the evidence both for and against the researcher's arguments

– if the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst.)

– if the findings are discussed in relation to the original research questions

Value of the research

10. How valuable is the research? Write comments here

Consider:

– if the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?)

– if they identify new areas where research is necessary

– if the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Appendix C: Studies included that are directly linked to the topic

	Studies	Purpose/study aims	Sample setting	Design/ Method	Participants	Key Findings pertinent to this study
1.	Barrett (2007)	Critical evaluation of the lecturer's clinical role	UK	Systematic review	/	lecturers must feel supported by clinical practice, and by their employing HEI, in the maintenance of a formal clinical role.
2.	Cardwell et al., 2019	examined the meaning and significance of clinical creditability as a concept.	Australia	Systematic review	/	Within the literature clinical credibility is presented as a multifaceted phenomenon having no clear definition
3.	Collington et al. (2012)	to identify which lecturer's roles are significantly affects student learning and capability as midwives and offer the superlative support for clinical teachers.	UK	Wide survey, case study and prospective diary data	Midwife lecturers	The wide dispersion and diversity of clinical practice had affected their ability to maintain clinical credibility
4.	de Guzman et al. (2007)	Students' points of view were explored	Philippines	Qualitative study	twenty-two senior nursing students	Three themes were identified, namely; credibility as an image building activity; credibility as a work in progress; and credibility as an influencing agent.
5.	Fisher (2005)	to seek the views of nurse lecturers on maintaining clinical credibility	UK	Qualitative approach	Students and lecturers	5 themes emerged "clinical currency and awareness" "hands on care" "being visible in clinical areas" "transferability of skills" "role development".
6.	Fisher (1992)	To develop an operational definition and to	North-eastern	Open ended question	Students	Indicated 32 descriptors which present an operational definition

		establish validity for the health teacher credibility construct.	Ohio County			and establish construct validity for the variable health teacher credibility.
7.	Gili, 2013	When and why is a teacher credible	Italy	Systematic review	/	indicates three 'roots' through which students can recognise a teacher as credible and grant him/her their trust: a) communicative expertise; b) seriousness, commitment, and justice; c) caring .
8.	Gillespie and McFetridge (2006)	To identify key concepts, ideas, assumptions, supporting examples and the implications for nurse teacher's role	UK	Critical review	/	Nurses teachers need to be dynamic in their approach in order to respond to both local and global demands and ensure that students become competent, professional, knowledgeable and caring in their approach.
9.	Grant et al. (2007)	to identify the role activities of the academic in clinical practice	UK	Systematic review	/	Three themes emerged: staff related activities, student related activities and development of self (with sub-themes of hands-on care, keeping up-to-date, issues of credibility)
10.	Finn et al., 2009	To examine the associations among teacher credibility, teacher behaviours, and student outcomes	USA	meta-analysis reviews Literature search	/	A substantial relationship emerged between overall credibility and overall outcome variables,
11.	Fawcett and McQueen1994	looking specifically at the issue of clinical credibility and its value, in terms of the student's optimal learning,	UK	Systematic review	/	in order to claim clinical credibility, was that teachers should spend a specified number of weeks in clinical practice to

12.	Goorapah, 1997	To investigate teachers' perceptions of clinical competence and credibility	In one hospital	Small scale survey Interview method	20 nurse teachers and clinicians	competence is entirely linked to clinical performance; however, credibility is achieved via performing clinical capability directly based on up-to-date knowledge.
13.	Ismail, Aboushady and Eswi (2016)	to assess the clinical instructor's behaviors and nursing students' perceptions toward effective clinical instructor's characteristics	Cairo University	Descriptive, correlational design	baccalaurea te nursing students	the highest ranked clinical instructor's behavior was teaching ability category followed by evaluation and nursing competence respectively
14.	Madhavanpr abhakaran et al., 2013	To explore the effective clinical instructors characteristics perceived important by Omani nursing students	Oman	An explorative cross-sectional quantitative survey	Nurse students	Objective evaluation, role modeling, clinical competence and communication skills, respecting students' individuality were ranked as first five most effective clinical instructor characteristics
15.	Maslin-Prothero and Owen, 2001	to suggest a number of realistic, pragmatic approaches that can be used to enhance clinical credibility and competence,	UK	Review article	/	nurse lecturers need to develop an individualized practice-based role that enables them to keep in touch with current clinical developments.
16.	Marshall, West and Aitken, 2013)	Explore the characteristics, of the people from whom they sought information for the purpose of making clinical decisions.	UK. Intensive care units	An instrumental case study design multiple case study analysis.	Critical care nurses	Key features used for identifying an individual as a source of information included experience, clinical role, trust and approachability
17.	Maxwell, Black and Baillie, 2014	to conduct an appreciative inquiry into the role of practice	UK	appreciative inquiry	Students	Three themes related to social Processes emerged involved in the role: being a bridge,

		educators from the perspectives of students				being there, and social identity.
18.	McSharry et al. (2010)	to examine the perceptions of about nurse lecturers' role in clinical practice	Ireland	qualitative study five in-depth focus group interviews	nurse lecturers, preceptors, clinical nurse managers, clinical placement co-ordinators and students	is no clear definition for clinical credibility as well as clinical competence and determined that there is no agreement between stakeholder groups in regard to the best practice to maintain clinical credibility.
19.	McCroskey, Holdridge and Toomb	To develop and test a measure of teacher credibility	USA	a measure of teacher credibility was developed and tested	1,80 students in basic speech communication courses	Indicated five dimensions of teacher credibility: "Character," "Sociability," "Composure," "Extroversion," and "Competence." A 14-item instrument for the measurement of teacher credibility is recommended
20.	Meskell, Murphy and Shaw 2009	To explore perceptions regarding the current clinical role of nurse lecturers in Ireland.	Ireland	descriptive exploratory design focus group and individual interviews	educationalists, clinicians, policy formulators and students	Visibility and recency of practice tended to positively influence views on the need for clinical credibility:
21.	Msiska, Munkhondya and Chilemba (2014)	investigate the clinical learning experience of undergraduate nursing students	Malawi	Qualitative design hermeneutic phenomenological approach	undergraduate nursing students	strongly indicate the need for nurse educators to teach students during clinical placements by engaging in hands-on-care. educators need to focus on both academic and personal aspects of the students' life.
22.	Nahas and Yam (2001)	to explore their perceptions of an effective clinical teacher	Hong Kong	descriptive design using clinical teacher	189 undergraduate nursing students	whatever the definition of credibility is, some form of hands on care is required by the nurse

				characteristic instruments (CTCI)		teacher in the clinical setting
23.	Nahas, Nour and Al-Nobani (1999) .	to explore Jordanian nursing students' perceptions of effective clinical teacher characteristics	Jordan	descriptive study self-reporting questionnaire	nursing students	the nurse teachers should ensure that clinical currency is based on theory and research, and also theoretical teaching is linked to clinical currency
24.	Omisakin (2016)	examine clinical role of nurse lecturers	Nigeria	Review of the Literature	/	nurse lecturer should demonstrate both clinical and academic credibility,
25.	Ousey and Gallagher (2010),	This paper aims to put the debate to rest and proposes that the focus of the nurse lecturer should not be on establishing clinical credibility but on developing strong partnerships between academic and service areas	UK and New Zealand	Systematic review	/	nursing lecturers have not developed the habit of attaining and then maintaining credibility as a clinician as an integral and obligatory part of their role. Whether or not that habit will develop without an external mandate from either the regulatory bodies or from the employers remains a matter for conjecture.
26.	Porteous (2008)	explore the clinical practice role for midwifery educators	CANADA	Systematic review	Midwives	being visible in the clinical area for a specific amount of time is significant in maintaining teachers' credibility
27.	Ramos and McCullick 2015	to investigate elementary students' perceptions of physical education teacher credibility.	USA	Qualitative study observations, field notes, an open-ended questionnaire, student drawings, a photo elicitation activity, and group and individual interviews	Eight high- and low-skilled students from grades 3 and 5 were selected from a school employing a PE teacher holding a	credible PE teacher "Looks Like One," "Practices What She Preaches," and "Is an 'Awesome' Pedagogue."

					National Board Certification	
28.	Smith (2005)	define the constellation of traits that constitute the clinical credibility concept in registered nurses	USA	descriptive exploratory study Focus group interview	registered nurses themselves	work ethic, expertise, and character as clinical credibility attributes.
29.	Sliven (1993)	Explore of credibility dimensions	UK	Review article	/	Four dimensions of credibility are suggested: teaching, knowledge, clinical and academic credibility
30.	Teven, and Hanson (2004)	To investigate the impact of teacher caring and teacher immediacy on student perceptions of teachers' credibility	USA	Systematic Review	/	demonstrate that teachers should maintain high verbal caring to preserve their credibility in the classroom
31.	Wall and Elliott (2008)	To stimulate debate about this challenging professional issue and provide a framework for further discussion and consideration by academics and other senior members of the profession.	Australia	Argumentative research paper	/	clinical currency is important for the maintenance of clinical credibility.
32.	Wang et al, 2015	To examine the effects of teacher self-disclosure via Facebook on perceived teacher credibility	United States	factorial design was conducted	Students	

Appendix D: Interview and focus group schedule

Individual interview and focus group Interview schedule for nurse students, clinical instructors and lecturers

I. Opening.

Hello, my name is Srwa Rasul as a member of teaching staff at college of Nursing/ Hawler Medical University. It would be a good idea to interview you, so that I can better explore the notion of clinical credibility.

Thank you for being willing to take part in an interview in this project. Can I first of all assure you that, if you wish so, will remain completely anonymous and no records of the interview will be kept with your name on them.
Also, I would like to ask you for permission to audio record this interview. The main reason behind this recording is to have the set of accurate data – your responses and opinions. Also it will facilitate the analysis of the date we have to conduct during the course of the project.
If you don't have any further question I would like briefly to introduce you to the subject of this interview.

The crucial aim of this study is to describe how clinical instructors' credibility is viewed by a selected group of senior nursing students, clinical instructors and lecturers in the nursing college/ Hawler medical university in the Kurdistan region of Iraq.

I hope to use this information to support the future development of nursing education in the Iraqi Kurdistan. The end result of this study will inform a model of credible clinical instructors. Furthermore, the result will be useful to authorities and academics in relation to features of clinically credible instructors and will offer further recommendations to improve clinical instructors' credibility and competency.

The interview will take 30-45 minutes are you available to respond to some questions at this time?

About the interviewee

Age:

Job title:

Length of the employment (years of experience):

Date:

Time:

(Transition: let me begin by asking you some questions about clinical teaching)

II. Body

1. A brief summary about your nursing education background and employment history.
2. What does clinical credibility of clinical instructors mean?
3. What are the attributes or the thematic structure of a credible clinical instructor?
4. In your point of view, how clinical credibility of clinical instructors can be achieved in the context of clinical practice.
5. Tell me can recency or currency of clinical practice improve credibility? Why?
6. What factors do you think will facilitate the instructors maintaining credibility?
7. Have knowledge and practice in the field of expertise to teach or work safely, ethically, and professionally. Agree or disagree explain why?
8. What else can you add that makes clinical instructors credible in the practice teaching?

(Transition: Well, it has been a pleasure finding out more about clinical credibility. Let me summarize the information that I have recorded during our interview.)

III. Closing

We seem to have covered a great deal of ground and you have been very patient. But do you think anything we've missed out? Would it be alright to call you at home if I have any more questions?

Do you have any other comments about what we have discussed, or about the research as a whole?

Do you want to see a transcript of the interview?

We will send you a summary of the research findings some time toward the end of research completion. I appreciate the time you took for this interview. Thanks again.

Appendix E: Interview and focus group (PIS)

Participant information sheet for individual interview and focus group interview

This research aims to explore the notion of clinical credibility of nursing clinical instructors among nursing students, instructors as well as lecturers in Iraqi Kurdistan. You are invited to give your views concerning clinical credibility in nursing. What does clinical credibility mean to you? Wow would you describe credibility? and how can clinical instructors maintain or improve their clinical credibility?
I would like you to take a few minutes to read this information sheet before making up your mind about whether or not you would like to help me with my research.

Why should I participate in this study?

I want to invite you to take part in a research study which is part of my doctoral study. The participation in this study is completely voluntary and only you who can decide if you wish to take part or not. If you decide to participate you can withdraw at any stage of study, giving no reason. Please read the participant information sheet carefully and please E-mail me at: P10004246@myemail.dmu.ac.uk , if there is anything that is not clear or if you have any question concerning the study and questionnaire.

What is the purpose of this study?

The crucial aim of this study is to describe how clinical instructors' credibility is viewed by a selected group of nursing students, clinical instructors and lecturers in the nursing college/ Hawler medical university in the Kurdistan region of Iraq.

What will I do if I take part?

This research consists of two phases one quantitative and one qualitative. The former uses an online questionnaire asking lecturers all over the world about the notion of nursing clinical credibility. The latter concerns the experience of students, clinical instructors and lecturers in Iraqi Kurdistan. I am now conducting the second phase of the study. If you are happy to participate in the research we will ask you to read this information sheet, sign the consent form and return it to me. When I receive this, I can confirm your participation and make arrangements for you to be interviewed at a time convenience to you.

What are the possible benefits of taking part?

Whilst there will be no personal benefits to your participation in this study, the information you provide will support the future development of nursing education in the Kurdistan region of Iraq. The end result of this study will inform a model of clinical credibility. Furthermore, the result will be useful to authorities and academics in

relation to features of clinically credible instructors and will offer further recommendations to improve clinical instructors' credibility and competency.

What are disadvantages or risks of participation?

If you decide to join the study, there will be few risks. As such in the unlikely event subjects may become emotionally upset, appropriate pastoral services will be provided for them by the University tutor staff.

Will my taking part be kept confidential?

Your participation will be kept confidential to the research team i.e. researcher and supervisory team. Some sections will be looked at by authorized individuals from De Montfort University (for example examiners) who will only see anonymised data.

Who should I contact if I have a concern about the study?

In case of any concern please do not hesitate to contact the researcher and supervisory team or the sponsored University. Their details are present at the end of this sheet.

What will happen to the results of the study?

All information provided by you will be stored anonymously on a password protected computer with analysis of the information obtained undertaken by the researcher based at DMU. The results of this survey will be a section of the results chapter of the PhD thesis with the possibility of sharing and publishing the results in scientific journals and/or national or international conferences related to nursing education.

Who is organizing and funding the study?

The study is in part fulfilment of PhD thesis in De Montfort University. Hawler Medical University is funding the PhD.

Contact details

The researcher
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Appendix F: Interview and focus group consent form

Participant Consent Form for Focus Group and Individual Interview

Title: The Notion of Nursing Clinical Credibility in Iraqi Kurdistan

I have read the participant information sheet for the above research project and understand the following:

Please initial box

1. I agree to participate in the above named study. ☐
2. That I am free to withdraw at any time and will not be asked to give a reason. ☐
3. That all information I provide will be dealt with in a confidential manner. ☐
4. I prefer to take part in focus group/ semi-structured interview (Delete as appropriate). ☐
5. I agree to be interviewed for the above study and for that interview to be audio-taped. ☐
6. I agree for my words to be anonymised and used as direct quotations in the presentation of the research report and in any publications arising from the research. ☐
7. I agree that the Srwa Rasul may contact me. ☐

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Name of participant	Date	Signature
----------	----------	----------
Researcher	Date	Signature

Appendix G: participants profile

Lecturers profile (individual interviews)				
	Age group	**Gender**	**Speciality**	**Years of experience in teaching**
Lec.1	41-50	male	Community Nursing	30 years
Lec.2	41-50	Female	Maternity Nursing	22 years
Lec.3	41-50	Male	Paediatric Nursing	10 years
Lec.4	61 and over	Female	Maternity Nursing	40 years
Lec.5	41-50	Female	Fundamental nursing	10 years

Clinical Instructors' Profile (individual interview)				
	Age group	**Gender**	**Speciality**	**Years of experience in teaching**
Cl .1	21-30	Female	Psychiatric Nursing	5 years
Cl .2	31-40	Male	Fundamental Nursing	3 years
Cl .3	21-30	Female	Paediatric Nursing	4 years
Cl .4	31-40	Male	Fundamental Nursing	3 years
Cl .5	31-40	Male	Paediatric Nursing	5 years
Cl .6	21-30	Male	Medical surgical Nursing	3 years

Students profile individual interviews			
Participants No.	**Age group**	**Gender**	**University Level**
Student 1	20-30	Male	Second year
Students 2	20-30	Male	Second year
Student 3	20-30	Male	Second year
Student 4	20-30	Male	Second year
Student 5	20-30	Male	Second year
Total	5 participants		

Clinical instructors' focus group variables of Age, Gender, Qualifications, Years of Experience and Specialty Area					
Clinical Instructor	Age group	Gender	Qualifications	Years of Experience	Specialty area
1	21-30	Male	Master	7 years	Adult Nursing
2	21-30	Male	Bachelor degree	2 years	Fundamental Nursing
3	21-30	Female	Bachelor degree	5 years	Paediatric Nursing
4	21-30	Male	Bachelor degree	2 years	Psychiatric Nursing
5	21-30	Female	Bachelor degree	2 years	Adult Nursing

Lecturers' focus group variables of Age, Gender, Qualifications, Years of Experience and Specialty Area					
Lecturer	Age group	Gender	Qualifications	Years of Experience	Specialty area
1	41-50	Female	PhD	25 years	Adult Nursing
2	31-40	Female	PhD	13 years	Maternity Nursing
3	41-50	Male	PhD	27 years	Adult Nursing
4	41-50	Female	PhD	28 years	Adult Nursing
5	51-60	Female	PhD	30 years	Paediatric Nursing

Students' focus group variables of Age, Gender, and University level			
Student	Age group	Gender	University level
1	21-30	Female	Second Year
2	21 -30	Female	Second Year
3	21 -30	Male	Second Year
4	11-20	Male	Second Year
5	11-20	Female	Second Year

Appendix H: The process of template analysis

Template Analysis Process Outline:

1. Definition of a priori themes.

In this research study the a priori themes are defined in relation to objective, literature review and quant phase data analysis of global nurse educators' perception and their number was restricted as far as possible. Also, during initial coding it was borne in mind that the a priori themes are tentative and should be redefined or removed as appropriate.

2. Reading and familiarisation of the data set.

The process of data analysis started with creating some open headings for the first interview schedule. These headings served as the initial template. According to King (1998, p.122) "the best starting point for constructing an initial template is the interview topic guide – the set of questions areas, probes and prompts used by the interviewer".

3. Coding and development of template including quality checks.

Following the completion of the all set of interviews, having decided to analyse all the interviews together. In doing this the researcher was interested in learning about: 1) the individual participant's background; 2) the shared knowledge among all the participants; 3) differences between the triads perception.

4. Review and interpretation of final template.

The first set of interviews the transcripts were coded under the existing headings and added new headings as themes emerged. later the emerging template were as a base for creating the initial template for other stakeholder's analysis.

- During clinical instructors and lectures interview and focused group analysis virtually, same themes were emerged.

- All the interview transcripts were sorted under the codes and began to develop new codes as themes emerged. The researcher decided to do manual analysis because the actual transcripts can be seen more easily.

- During clinical instructors and lecturer interview analysis nine broad themes emerged. King (1998) advocates this approach. He observes that the final template does not signal the completed analysis but rather the start of the next phase of the analysis. He considers it "inappropriate to set out any general rule for how a researcher should go about the process of interpreting coded data; a strategy must be developed that fits the aims and content of (the) particular study" (King, 1998, p.130).

- After applying the template to the students' data set another one more theme emerged as a clinical credibility attribute from students' perception.

- Final template was constructed which was include ten themes (theoretical attributes on clinical credibility).

Appendix I: DMU ethical approval

DE MONTFORT UNIVERSITY LEICESTER

HLS FREC Ref: 965

18th September 2012

Srwa Rostam Rasul
PhD Candidate
Faculty of Health & Life Sciences

Dear Srwa,

Re: Ethics application – Exploring the concept of clinical credibility from the perspectives of nurse lecturers, clinical instructors and students in Iraqi Kurdistan (ref: 965)

I am writing regarding your application for ethical approval for a research project titled to the above project. This project has been reviewed in accordance with the Operational Procedures for De Montfort University Faculty of Health and Life Sciences Research Ethics Committee. These procedures are available from the Faculty Research and Commercial Office upon your request.

I am pleased to inform you that ethical approval has been granted by Chair's Action for your application. This will be reported at the next Faculty Research Committee, which is being held on 18th October 2012.

Should there be any amendments to the research methods or persons involved with this project you must notify the Chair of the Faculty Research Ethics Committee immediately in writing. Serious or adverse events related to the conduct of the study need to be reported immediately to your Supervisor and the Chair of this Committee.

The Faculty Research Ethics Committee should be notified by e-mail to HLSFRO@dmu.ac.uk when your research project has been completed.

Yours sincerely,

Dr Simon Oldroyd
Deputy Dean
Faculty of Health and Life Sciences
Research Ethics Committee

Faculty of Health and Life Sciences, Edith Murphy House, The Gateway, Leicester LE1 9BH.
T: (0116) 255 1551 **F:** (0116) 257 7135

Appendix J: Potential risks identified during planning stage and strategies employed to minimise them that has been approved by DMU research ethics committee

Ethical issues identified:	How these will be addressed:
• Information sheet	• An information sheet will be provided, which contains all of the necessary information required for participants, such as sufficient detail of the procedures, methods, and measures to be employed. It will be written in age appropriate non-specialist language to enable participants give their consent to undertake this study.
• Informed consent	• Once participants are selected, the information sheet will be given to them to read and consider. After these appropriate arrangements informed consent will be obtained from the participant. The researcher will respect participants' autonomous decision – even if they disagree to participate.
• Withdraw	• Participants have the right to discontinue without penalty or giving a reason, at any point.
• Relationship of researcher to participant.	• There is potential for the researcher to know the participant. In this case the researcher will make clear the reason for the study and reassure confidentiality.
• Confidentiality in research	• The confidentiality of the data I provide will be safeguarded. No respondent will be identifiable in any documentation relating to the study.
• Storage of data	• All data will be stored in a locked metal filing cabinet and on a password protected computers to prevent any damage or loss. Access will be restricted to the researcher and supervisory team only. Upon completion of the study all data will be destroyed.
• Access to the study findings and dissemination of findings	• Participants will have the opportunity to read and review the transcript prior to analysis with the invitation to make any additions, deletions, and /or corrections.
• Safety of the researcher	• All interviews will be conducted at a time and place appropriate for the participants. Though this will always be on University grounds and buildings.

Appendix K: sample inclusion criteria

Recruitments for interview and focus groups were made based on the following criteria:

- Faculty members who are employed full-time in a College of Nursing/ HMU, and who delivering the undergraduate nursing degree programme for nursing students at HMU.
- Clinical instructors who are employed full-time in a College of Nursing/ HMU, A combination of both experienced and novice clinical instructors were included; however clinical instructors in at least their second year of clinical teaching were sought.
- Students nursing students enrolled on the undergraduate degree programme for nursing in a college of nursing at HMU. First year students were excluded as they have not started hospital training yet.

Appendix L: Published article

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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH

RESEARCH ARTICLE

Nurse Educators' Perspective of Clinical Instructor's Credibility

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Abstract

As the clinical instructor is completely directing, supervising as well as controlling the clinical teaching that preparing highly qualified and competent nurse graduates, how then credible is clinical instructors?? Historically it seems that clinical instructors' role have received substantial attention. In recent times of ambiguity in education, nurse researchers believed that the multifaceted role of nurse educators should be re-examined. Clinical instructors' credibility is one of the many multifaceted roles of the clinical nurse educators and it has usually been debated within literature. Furthermore the concept of clinical credibility is ill defined. The main purpose of this study is to explore educational experience of nurse educators concerning the notion of clinical credibility. A descriptive design was employed using questionnaires to collect data. Respondents comprised 134 nurse educators from 19 different nursing schools globally who completed an online questionnaire. The results showed that competence, up to date knowledge, clinical as well as teaching skills, expertise in clinical setting, evidenced based practice and interpersonal communication of instructors are the most important characteristics of credible clinical instructors. The second most important features were found to be hands on care, personality, role modeling and punctuality. These results may assist clinical instructor to maintain their clinical credibility.

INTRODUCTION

As the clinical instructor is completely directing, supervising as well as controlling the clinical teaching that preparing highly qualified and competent nurse graduates, how then credible is clinical instructors?? Historically it seems that clinical instructors' role have received substantial attention. In recent times of ambiguity in education, nurse researchers believed that the multifaceted role of nurse educators should be re-examined.

Clinical instructors' credibility is one of the many multifaceted roles of the clinical nurse educators (instructors) and it has usually been debated within the literature. Furthermore the concept of clinical credibility is ill defined. Studies have shown that clinical learning is a significant part in nursing education, and clinical instructors have a vital role in leading this process. Certainly, for the development of the nursing profession, credible preceptors are needed (Maslin-Prothero and Owen, 2001).

As credible clinical instructors have no standardized model to follow in teaching. Instead they create their unique style based on their personal requirements and their institutional needs (Fisher 2005). The term 'credibility' is an indistinct concept and is hard to define. In a study on nurse teachers' perceptions of clinical competence and credibility, competence was described more confidently while they were unable to define credibility clearly (David

1997). Among nurse students, clinical instructors and professional nurses, the concept of being credible in clinical setting is incomprehensible (Fisher 2005).

Aim and objectives

The main purpose of this study is to explore educational experience of nurse educators concerning the notion of clinical credibility

Methodology

A descriptive cross-sectional study was designed to examine nurse educators' perspectives on clinical instructor's credibility (2012-2013). Respondents for this study comprised of 134 practical and theoretical nurse educators from 19 different nursing schools globally who completed an online questionnaire. A 12 items survey questionnaire we designed by the researcher. Following a slight modification as a result of the pilot study, questionnaires were sent out. First, a survey questionnaire was sent to the most accessible nursing schools all over the world, particularly to program leaders, to gain information about nursing education in general, for example, theory-practice split, models used in clinical teaching, and who is involved in clinical teaching. Above all respondents were asked to give their perspective of clinical credibility via an open-ended question at the end of the questionnaire.

Selected samples were received an invitation to participate via an email which contained a hyperlink leading to the questionnaire site. In addition, they were sent a Participants Information Sheet (PIS) explaining the purposes of the study. The questionnaire was anonymous, which meant that the identity and the rights of the nurse educators involved were protected. It as was believed that maintaining confidentiality in this way would enhance the response rate. Completion of the questionnaire by Participants was regarded as their consent. For the reason of anonymity of the study, the reminding letter had to be sent again to the entire group but this time asked the participants who had filled in the questionnaire in the first round to ignore the email and encouraged those who had not to do so. Initial ethical approval was granted by the De Montfort University, Leicester, UK. Statistical analysis of this data was computer-assisted using the Statistical Package for Social Sciences (SPSS) system. Specific analysis was done on subprograms: frequencies and percentage.

In order to acquire respondent's perspective regarding the notion of clinical instructor's credibility, an open ended questions were asked. Accordingly the respondent was describing the concept in his/her own words, for the reason of encouragement to explain the answer and reaction to the question with a sentence or a paragraph.

Open ended questions at the end of the questionnaire were analysed using open coding technique as most suitable data analysis suggested by (Strauss and Corbin, 1998).

Principal Findings

A total of 134 nurse educators completed the online questionnaire and participated in the current study. Approximately a quarter (23.8%) of the participants were working in the UK. Females made up 67.9% of the participants while 32.1% were male.The age range 50-59 years was the most represented (30.6%) The number of years of clinical teaching of the participants ranged from 2 months to 36 years, with the range 6-10 years of experience being the most represented (28.4%). Forty four point one percent were PhD holders. In most respondents' nursing schools clinical instruction approach were followed (80.4%) while (57.6%) were following mentorship.

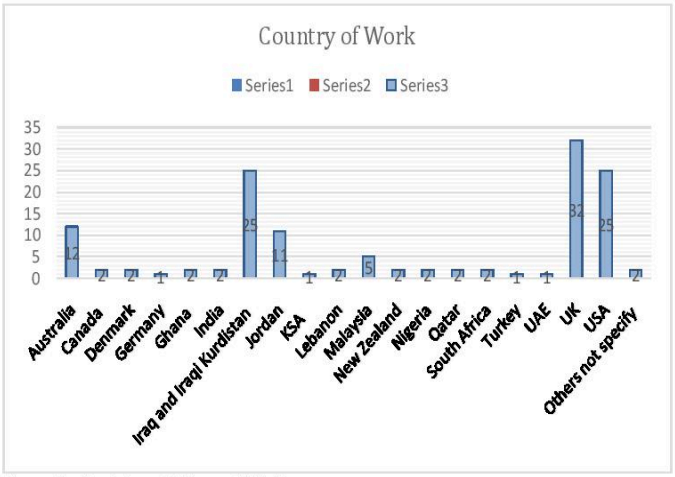

Figure 1: *Participants' Place of Work*

Table 1: *Socio-demographic data for the participants*

Respondents' (n=134)		Frequency	Percentage
Gender	**Male**	**43**	**32.1 %**
	Female	**91**	**67.9 %**
Age	**20-29 years**	**6**	**4.5 %**
	30-39 years	**21**	**15.7 %**
	40-49 years	**40**	**29.8 %**
	50-59 years	**41**	**30.6 %**
	60 and above	**17**	**12.7 %**
	Skipped	**9**	**6.7%**
Qualifications	**Undergraduate diploma**	**1**	**0.8 %**
	Undergraduate degree(bachelor degree)	**7**	**5.2 %**
	Postgraduate diploma	**3**	**2.2 %**
	Postgraduate degree (Master)	**56**	**41.8 %**
	Postgraduate degree (Doctorate)	**59**	**44.1 %**
	Others (professor, postgraduate certificate, certifies nurse educator)	**8**	**5.9 %**
Years of experience	**< 1 year**	**2**	**1.5 %**
	1-5 years	**23**	**17.2%**
	6-10 years	**38**	**28.4 %**
	11-15 years	**24**	**17.9 %**
	16-20 years	**18**	**13.4 %**
	21-25 years	**16**	**11.9 %**
	More than 25 years	**13**	**9.7 %**

From the open ended questions findings indicate that competence, up to date knowledge, clinical as well as teaching skills, expertise in clinical setting, evidenced based practice and interpersonal communication of instructors were given the most important characteristics of credible clinical instructors by the respondents. The next most important features were found to be hands on care, personality, role modeling and punctuality.

Figure 2: *Most important features of clinical credibility*

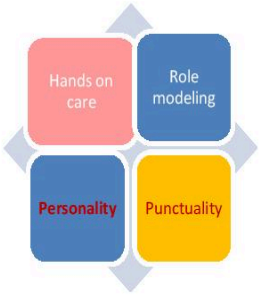

Figure 3: *less important themes*

Discussions

This study examined nurse educator's perceptions of the clinical instructor's credibility. Similar to Fisher's (2005) findings, this study found that Clinical Currency, up to date knowledge and awareness to be important to maintain clinical credibility. Furthermore, fisher (2005) claimed that Individuals have different views about clinical credibility and the role of the clinical instructor.

One of the important results in this study is the establishing trusting relationship between clinical instructor and students and this result was supported by the work of Clarke and Jarvis-Selinger, (2005). As a result establishment of trust is a very vital dimension of the clinical instructors to maintain their credibility. Findings from this study of clinical instructor's credibility agree with the work of de Guzman et al., (2007) that identified trustworthiness and expertise as characteristics of credibility and source credibility.

There is general acknowledgement that up-to-date competence in clinical skills can improve clinical instructor's credibility (Murphy, 2000) and this concur with the result from this study. However some aspects of credibility such as hands on care, personality, role modeling and punctuality were perceived fewer attention by the participants.

It can be deduced from these findings that without up to date knowledge and skills, no clinical instructor can be clinically credible. The implication is that to ensure clinical instructor's credibility, updating theoretical as well as

clinical skill is very a key issue for the nurse instructors. These results may assist clinical instructor to maintain their clinical credibility.

Conclusions

Clinical instructor has a key impact on a students' drive to learn. As a result clinical instructor's credibility play a vital role in the clinical teaching and students' education. This means that Clinical instructors (mentors) should pay more attention to their credibility and competence that are perceived by students.

Findings have offered important insight into nurse educators' perspectives on clinical instructor credibility. Findings will be employed to inform the second phase of my PhD study. The end result will suggest a number of convincing and logical approaches that could enhance clinical credibility.

In spite of the limited sample size, as a preliminary study, results from this study represent aninitial endeavor to recognize the concepts of credible clinical instructor as perceived by nurse educators.

Limitations

This study was limited by sample size.Relying on only subjective assessments and individual perspectives cannot confirm or quantify the impact of each factor identified. Further studies using other, complementary study approaches should assess the impact of the factors identified in this study. The study findings cannot be generalized. Further research is warranted to examine the clinical credibility indepth that result in reaching a complete definition of credibility. Research is also needed to demonstrate attributes of clinical instructors' credibility.

Acknowledgements

I thank all the nurse educators who took their time off to participate in this survey.

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